

**A STUDY TO ASSESS THE EFFECTIVENESS OF  
BIBLIOTHERAPY IN REDUCING THE LEVEL  
OF ANXIETY AMONG HOSPITALIZED  
CHILDREN IN SELECTED HOSPITAL  
AT KANYAKUMARI  
DISTRICT**



**A DISSERTATION SUBMITTED TO THE TAMILNADU  
DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI  
IN PARTIAL FULFILLMENT FOR THE  
DEGREE OF MASTER OF SCIENCE  
IN NURSING**

**OCTOBER 2016**

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DISTRICT  
2014-2016**

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## **CERTIFICATE**

This is to certify that the dissertation entitled, **“A study to assess the Effectiveness of Bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Kanyakumari District ”** is a bonafide work done by Mrs.Manjusha, II year M.Sc (N), Global College of Nursing, Nattalam in partial fulfilment of the University rules and regulations for the award of M.Sc (N) degree under my guidance and supervision during the academic year October 2014-2016.

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# **ABSTRACT**

## **Introduction**

Anxiety refers to uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future.

## **Statement**

“A study to assess the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Kanyakumari District.”

## **Objectives**

- To assess the pre and post test level of anxiety among hospitalized children in experimental group and control group.
- To compare the post test level of anxiety among hospitalized children between experimental group and control group.
- To find out the association between the pre test level of anxiety among hospitalized children with their selected demographic variables such as age, gender, mother education, education of child, previous hospitalization, area of living and birth order.

## **Research Methodology**

The research design adopted for this study was quasi experimental design .The sample size was 60 and was drawn through purposive sampling technique. The feasibility of the study and the refinement of the tool were assessed through pilot study. The level of anxiety was assessed by using Modified Spence Children Anxiety scale.

The data collection for the main study was done from 1-4-2016 to 30-4-2016. Bibliotherapy given for experimental group. Post test was done after intervention. The data gathered were analyzed by descriptive and inferential statistical method.

### **Findings of the study**

The mean score on level of anxiety in Experimental group was 1.37 in pre test and 0.5 in post test. The paired 't' value was 13.71 which is significant at  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety among hospitalized children. The mean post test score on level of anxiety in experimental group and control group was 0.5 and 1.6 respectively. The estimated unpaired 't' value was 8.46 which is significant at  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety. Hence the research hypothesis ( $H_1$ ) is accepted.

### **Conclusion**

This study inference revealed that regular practice of bibliotherapy could bring about desired reduction of anxiety among hospitalized children.

## CHAPTER - I

### INTRODUCTION

*“Anxiety is the dizziness of freedom. Worry is a thin stream of fear trickling through the mind. If encouraged, it cuts a channel into which all other thoughts are drained.”*

**-(Soren Kierkegaard quotes)**

Illness and hospitalization are the first crisis children must face. Especially during the early years, children are particularly vulnerable to the crisis of illness and hospitalization because stress represents a change from the usual state of health and environmental routine and children have a limited number of coping mechanisms to resolve stressors (Stuart 2000).

The paediatric population in hospital today has changed dramatically over the last 2 decades. Although there is a growing trend towards shortened hospital stays and outpatient surgery, a greater percentage of the children hospitalized today have more serious and complex problems than those hospitalized in the past (Anna Tielsch Goddard 2011).

Illness and hospitalization are stressful experiences for children and their families. Recent research has identified a range of variables that can influence the extent of negative reactions of children to hospitalization and medical interventions. These include the family's previous medical experience, the child's developmental status, the parent-child interaction, the seriousness of the illness, the severity of the medical procedure, and the coping style adopted by a child. Hospitalized children identified a range of fears and concerns which include separation from family and parents, unfamiliar environment, investigations, treatments and loss of self determination. Numerous research studies have found that the children have fears and concerns regarding illness and hospitalization (Wong's 2005).

Hospitalization is stressful and children are anxious, anxiety is a feeling of uneasiness caused by fear. It can make children feel tense, nervous or afraid. All children feel some anxiety at different stages in their lives. This is normal. The child's

emotional reaction to hospitalization is determined by personal, interpersonal and environmental factors. From the above mentioned information it is evident that hospitalization generated a range of fears and concerns for children. Hence a more individualized approach needs to be used in developing interventions that will reduce children's worries and strengthen coping strategies (Wong's 2005).

There are various methods to reduce the anxiety of the hospitalized children. 'Bibliotherapy' is , one of the most effective tools for managing anxiety . For example, puzzles, reading material, Lego blocks, radio, electronic games, Television, Toys etc are also useful tools for entertaining a child. The children who are weak cannot engage in play activities which requires more energy. So the researcher found a need of giving a diversion therapy known as bibliotherapy which gives them endless hours of pleasure and is of special value to the child who has limited energy to expend in play (Wong's 2005).

Bibliotherapy in its broader sense is the use of any written material for treating physical or emotional problems. It is also called therapeutic reading. Bibliotherapy was initially used in mental health faculties and veterans, association hospitals and was later introduced in to community education and behavioural science programs. Contemporary practitioners increasingly prescribe books as therapeutic adjuncts (Darla Ferris Miller).

Well selected books are infinite value to the child. Children never tire of stories; having someone read aloud gives them endless hours of pleasure. Reading materials are used by a high proportion of health care professionals. In a survey of 487 practitioners in Portland. It was found that 88% of the responding psychologists, 59% of psychiatrists and 86% of internists used self help books in their practices.

### **NEED FOR THE STUDY:**

Statistical data from the Healthcare Cost and Utilization Project (HCUP) on global level of hospital stays for children in 2009. There were nearly 6.4 million hospital stays for children 17 years or younger in comprising 16 percent of all hospitalizations. National level hospitalization of Newborns and infants 4,600(72%), under 1 year 564 (9%), 1-4 years 358(5%), 5-9 years 372 (6%),10-14 years 497 (8%). Adolescents 15-17 years old had 382 rate of hospitalization per 10,000 population.



World Health Organization estimates that common paediatric hospital stays is 4,279,000 and 2.2 million non-newborn pediatric stays. In the hospital stays 23 % of children had respiratory condition, 12% of children had digestive condition, 8% of children had disorder of nervous system, 6% of children had endocrine and musculoskeletal disorder, 4% of had skin disorder, kidney disorder, infectious and parasite disease, 3% of children had blood and circulatory disorder, 2% of children had injuries and neoplasm.

The nurse is the 1<sup>st</sup> person the child sees, when the child enters the health care system and the nurse spends more time with an ill child. The nurse acts as a tour guide and provides a safe environment both physically and emotionally. Bibliotherapy provides escapism from the dullness of hospitalization excitement of other world as well as relaxation. For reducing anxiety in hospitalized children bibliotherapy is a cost effective and a therapeutic vehicle (Susan Rowan 2007).

**Blondi Ming Chaukwok (2002)** conducted a study to find out the effectiveness of bibliotherapy on reduction of anxiety and fear of hospitalised children and they found that Allegorical stories can be used to help children cope with the worries and fears precipitated by illness, medical procedures, and hospitalisations. They supplement explicit discussions of illness and preparation for procedures and hospitalization. Stories with appropriate symbolic themes are readily available in children's literature. Individuals without special training in counselling or emotional support of children can quickly learn to use these stories effectively. These results are consistent with the idea that bibliotherapy can be an affective accessible intervention for reducing the anxiety of the hospitalized children.

During the clinical posting the investigator experienced that most of the children were developed hospitalized anxiety due to hospitalization. During that time the investigator identified range of fear and concern from children, which include separation from parent and family, unfamiliar environment, investigation and treatment. These finding clearly indicate that the child need adequate information, planning and delivery of their care and that hospital environment need to be made more child centred. This incidence inspired the investigator to do some intervention to overcome the anxiety problem.

## **STATEMENT OF THE PROBLEM:**

“A study to assess the Effectiveness of Bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Kanyakumari District ”

## **OBJECTIVES:**

- To assess the pre and post test level of anxiety among hospitalized children in experimental group and control group.
- To compare the post test level of anxiety among hospitalized children between experimental group and control group.
- To find out the association between the pre test level of anxiety among hospitalized children with their selected demographic variables such as age, gender, mother's education, education of child, previous hospitalization, area of living and birth order.

## **HYPOTHESES**

- H<sub>1</sub>-** There will be a significant difference between the post test level of anxiety among hospitalized children in experimental group and control group.
- H<sub>2</sub>-** There will be a significant association between the pre test level of anxiety among hospitalized children with their selected demographic variables such as age, gender, mother's education, education of child, previous hospitalization, area of living and birth order.

## **OPERATIONAL DEFINITION:**

### **Effectiveness**

Effectiveness refers to capability of producing a desired result.

In this study it refers to the extent to which bibliotherapy has achieved the desired result, that is, anxiety reduction in hospitalized children.

## **Bibliotherapy**

Bibliotherapy refers to the use of books selected on the basis of content in a planned reading program designed to facilitate the recovery of patients suffering from mental illness or emotional disturbance.

In this study, Bibliotherapy refers to a complementary therapy by providing comic story books to read (approximately 20minutes) two times a day, for two days to reduce the level of anxiety among hospitalized children between the age group of 9 and 12 years.

## **Anxiety**

Anxiety refers to uncomfortable feeling of nervousness or worry about something that is happening or might happen in the future.

In this study, Anxiety refers to a state of uneasiness and tension felt by hospitalized children, this will be assessed by using the Modified Spence Children's Anxiety Scale (Dr.Susan H.Spence,Ph.D)

## **Hospitalized children**

Hospitalized children, refers to act of placing a child in a hospital as a patient.

In this study, Hospitalized children refers to both boys and girls between the age group of 9 and 12 years of children on 1<sup>st</sup> and 2<sup>nd</sup> day of hospital admission.

## **ASSUMPTION:**

The study assumes that

1. children who are admitted in the hospital may develop severe anxiety.
2. Bibliotherapy may reduce anxiety among children.

## **DELIMITATION:**

This study is delimited to

- hospitalized children.
- both male and female children between 9 to 12 years of age.
- 1<sup>st</sup> and 2<sup>nd</sup> day of hospitalization.

## **.CONCEPTUAL FRAMEWORK:**

Conceptual framework is a whole of interrelated concepts or abstracts that are assembled together in some rational scheme by virtue of their relevance to common theme. A conceptual model provides for logical thinking for systemic observation and interpretation of observed data. It also gives direction for relevant questions on phenomena and points out solutions to practical problems as well as serves as a spring board for the generation of hypothesis to be used.

Shirly 1975 states, “The conceptual frame work formalizes the thinking process. So that others may read and know the frame of reference basis to research problem.”

The conceptual framework which suits the present study is based on General System Theory of Ludwig Von Bertalanffy (1968).

According to Ludwig Von Bertalanffy, a system is composed of a set of interactive elements and gets each system distinct from environment in which it exists. In all systems activities can be resolved into an aggregation of feedback circuits such as input, throughput and output. The feedback circuits helps in maintenance of an intact system.

Present study aims at evaluating the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children. Conceptual framework of this study is based on the system model. The model consists of three phases

### **Input**

It is the energy transformed by the system. It refers to the target groups with their character such as age, gender, mother’s education, education of child, previous hospitalization, area of living, birth order and the assessment of pre test level of anxiety among hospitalized children (9-12 years) by using Modified Spence Children Anxiety Scale in experimental group and control group.

## **Throughput**

It is a process that occurs at some point between the input and output process, which enables the input to be transferred as output in such a way that it can be readily used by the system.

According to Von Ludwig Bertalanffy throughput is defined as the process by which the system processes output and release output.

In this study the throughput refers to provide bibliotherapy to hospitalized children approximately 20 minutes two times a day, for 2 days in experimental group.

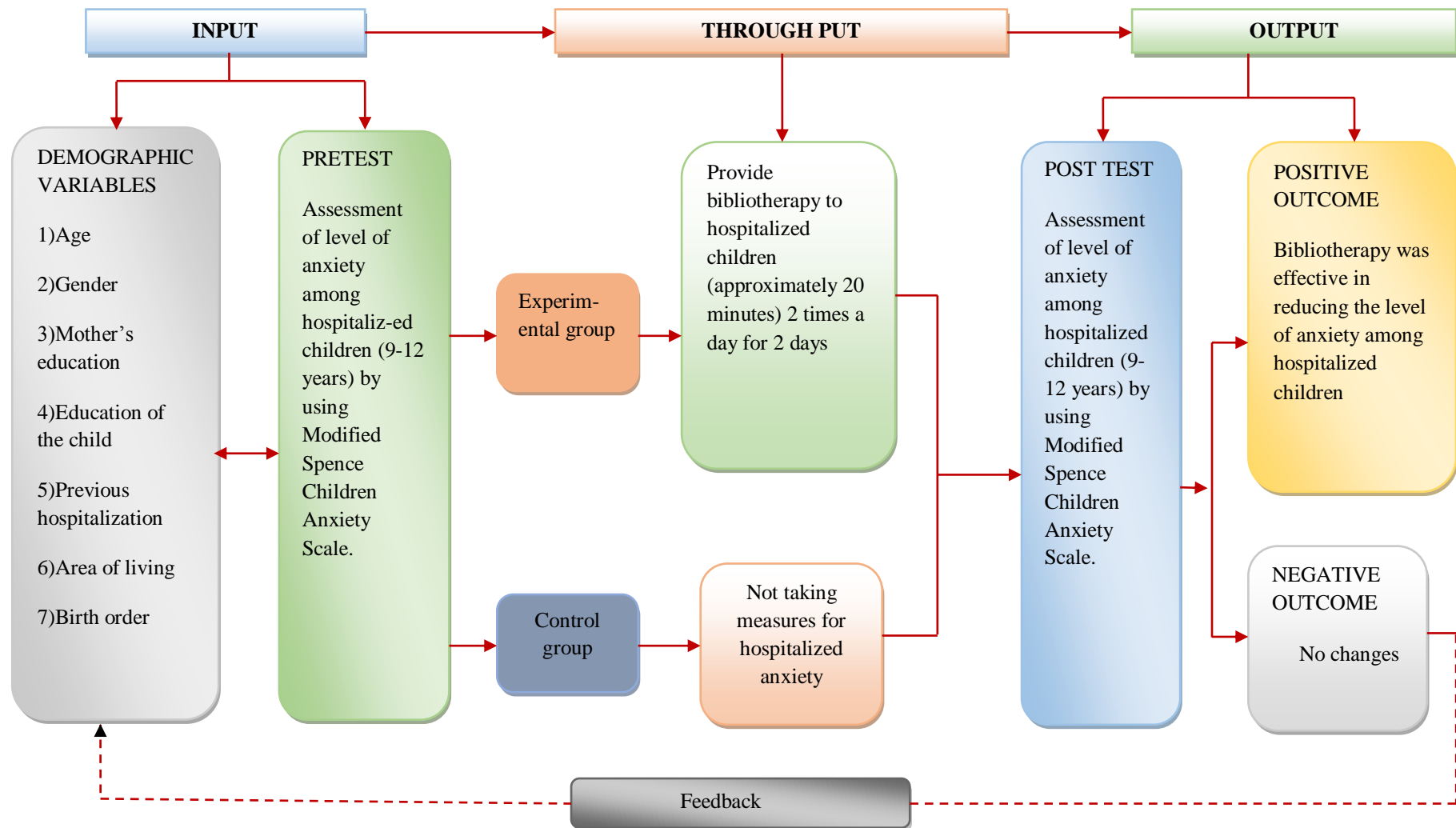
## **Output**

According to the system theory, output refers to the energy, matter, or information that leaves the system. In the present study, output is considered as the evaluation of bibliotherapy to reduce anxiety among hospitalized children. It will be received in the form of assessment of post test level of anxiety in experimental group and control group through Modified Spence Children Anxiety scale

## **Feedback**

According to this system theory feedback refers to the output that is returned to the system and it allows it to monitor itself overtime to a steady state known as equilibrium or homeostasis.

For the present study feedback was refers to reevaluate the effectiveness of negative outcome in bibliotherapy to reduce anxiety among hospitalized children between the age group of 9-12 years with the selected demographic variables such as age, gender, mother's education, education of child, previous hospitalization, area of living, and birth order.



**Figure 1: Conceptual Frame Work on Modified General System Theory (Ludwig Von Bertalanffy-1968)**

## **CHAPTER - II**

### **REVIEW OF LITERATURE**

This chapter deals with the review of literature so as to gain an insight into the various aspects of the problem under study such as design, methods, instruments measures and techniques of data collection that may prove useful in the proposed project.

The review of literature provides a basis for future investigations, justifies the need for replication, throws light on the feasibility of the study, indicates constraints of data collection and helps to relate findings of one study to another. It also helps to establish a comprehensive body of scientific knowledge in a professional discipline from which valid and pertinent theories may be developed.

Studies related review was done for the present study and presented under the following headings.

- A) Studies related to Prevalance of hospitalized children.**
- B) Studies related to Bibliotherapy**
- C) Studies related to Bibliotherapy to reduce hospitalized anxiety in children.**

#### **A) Studies related to prevalence of hospitalized children:**

**McNeil SA, Qizilbash N, Gray S, et al. (2016)** conducted a study on national incidence and burden of all-cause and pneumococcal pneumonia in Canada. Routine vaccination against *Streptococcus pneumoniae* is recommended in Canada for infants, the elderly, and individuals with chronic comorbidity. Incidence, length of stay, and case-fatality rates of hospitalized all-cause and pneumococcal pneumonia were determined for 2004-2010 using ICD-10 discharge data. Population-at-risk data were obtained from the Statistics Canada census. Hospitalization for all-cause pneumonia was highest in children <5 years and in adults >70 years and declined significantly from 1766/100,000 to 1537/100,000 per year in individuals aged  $\geq 65$  years ( $P < 0.001$ ). Overall hospitalization for pneumococcal pneumonia also declined from

6.40/100,000 to 5.08/100,000 per year. Case-fatality rates were stable (11.6% to 12.3%). Elderly individuals had longer length of stay and higher case-fatality rates than younger groups. The study concluded that direct and indirect effects from pediatric pneumococcal immunization may partly prevent the hospitalization.

**Rogalska E, Skowronek-Bala B, Świerczyńska A, et al. (2016)** conducted study to determine whether the occurrence and course of paralysis changed in the past 5 years (2010-2014). A review of clinical documentation of 125 patients, in terms of demographics, the coexistence of other diseases, seasonality, the degree of paralysis, location of paralysis, the prevalence of the recurrence was made. Changes in the structure of the nerve VII in MRI and CT, pharmacological treatment, applied rehabilitation, the degree of improvement and time of hospitalization were analyzed. In 12% of children structural changes within the facial nerve were found. In these children antiviral treatment was used and hospitalization time was more than 20 days while in the majority of children hospitalization lasted 15 days. In 8 (6.4%) children with recurrent BP kinezytherapy, electrical stimulation and laser therapy were applied. Steroid therapy was not used. Only 7/125 children had mild impairment of the eye closing at the discharge and the others received nearly complete recovery. The study concluded antiviral treatment is effective and will reduce the hospital stay of paralysis children.

**Bella ME, Borgiattino V. (2016)** conducted a descriptive, retrospective study to analyze and compare the demand for hospitalization due to psychosocial causes in a pediatric hospital during three different periods. 221 records were analyzed. The hospitalization rate was 0.73% in the year 2000, 1.44% in 2005 and 1.26% in 2010. The hospitalization rate for psychosocial causes increased from 0.06 in 2000 to 0.10 in the years 2005 and 2010. The most common reasons for admission were: suspected child abuse in 44.2% ( $p < 0.0001$ ), suicidal behavior in 18.7%, suspected sexual abuse in 10.05% and substance abuse in 6.8%. The psychomotor agitation episode and psychotic episode showed a prevalence of 2.4% in 2000, while in 2010 it was of 9.5%. The result shows hospitalizations for psychosocial causes and, particularly, mental causes in children/adolescents have increased and show a different behavior according to age and gender.



**Filatov NN, Linok AV, Faizuloev EB. (2016)** conducted a Study manifestations of epidemic process during acute intestinal infections to establish reasons of low effectiveness of the prophylactic measures. Hospitalized patients with acute intestinal infections were examined using real-time PCR method. Evaluation of multi-year manifestations of epidemic process of morbidity of acute intestinal infections in Moscow has shown, that the cumulative morbidity does not have a tendency of reduction. The proportion of rotavirus infection in total morbidity. All of established etiology increased from 53.2 in 2004 to 82.6% in 2014. Morbidity in children with rotavirus infection is 6 times higher than morbidity in adults. The results obtained give evidence on the necessity of carrying out specific prophylaxis against viral intestine infection, will prevent the hospitalization.

**Owsianik D, Wojtaszek M, Mach-Lichota E, et al.(2014)** conducted a study on drug poisoning is a frequent cause of hospitalization in children and youth. The aim of the study was to evaluate the prevalence of drug poisoning in children in the region of Rzeszów city. 295 children (194 girls and 101 boys) aged between 6 months and 18 years were hospitalized due to acute drug poisoning. Non opioid painkillers, antiepileptic drugs and sedatives, affecting the cardiovascular system were the main classes of ingested medications. A growing phenomenon of recreational use of drugs which induce euphoria, especially dextromethorphan, was observed among young people. Due to rising incidence of drug poisoning in childhood physicians and pharmacists should extend their efforts to instruct and educate parents and caregivers about correct drug dosing, safe storage conditions and principles of poisoning prevention. This will reduce the poisoning related hospitalization.

#### **B) Studies related to bibliotherapy:**

**ShechtmanZ, Nir-ShfirR. (2005)** conducted a experimental study to find the effect of affective group bibliotherapy (GB) was compared to affective group therapy (GT). Three small groups totaling twenty-five in-patients in a hospital in Israel. In-therapy behaviors were assessed through the Client Behavior System (CBS; Hill & O'Brien, 1999). Results indicated that in the GB condition compared to the GT condition, clients showed less resistance, used simple responses less frequently, and expressed greater affective exploration. The Session Evaluation Questionnaire (SEQ; Stiles et al., 1994) was used to measure clients' impressions of the sessions. Results

indicated that patients evaluated the two treatment conditions equally. Overall, the results support earlier findings, suggesting that affective bibliotherapy can be an effective method of treatment.

**Robert Jeffrey Gomm. (2004)** conducted a study to analyze the content of 50 children's picture books, specifically award-winning picture books created for and/or about Latino immigrant children. Familiar artwork, situations, and characters help Latino immigrant children identify with the stories. Information from this analysis will help parents, teachers, and school mental health professions select appropriate books for bibliotherapy aligned with Latino immigrant children's needs. Based on this study's analyses, two resources are included: (a) a list of 20 children's picture books that address four or more Latino immigrant challenges and (b) a handout with common challenges facing immigrant children and books to specifically meet each of those challenges. Although some complementary treatments might be useful for children.

**Adachi Y, Kunitsuka K, et al. (2002)** conducted a study to evaluate the effects of a non-face-to-face brief behavioral program for a sleep improvement in workplaces. Research design was a cluster control trial. Three hundred and thirty participants were allocated to the bibliotherapy group (BTG; n=130) or self-control group (SCG; n=200). There was no eligibility criteria and the intervention was open to every worker in the workplaces. All participants received a self-help booklet. Overall, sleep onset latency was reduced and sleep efficiency was improved. Sleep onset latency, wake after sleep onset, and daytime sleepiness improved significantly in only SCG. These results suggest that bibliotherapy is effective method for sleep improvement.

**Aimee Tubbs, Brigham. (2000)** conducted experimental study to evaluate the effectiveness of bibliotherapy on patients with mild to moderate anxiety in primary care. Non-parametric statistical testing of scores from the Zung Anxiety Scale and the Clinical Outcomes in Routine Evaluation (CORE) questionnaire indicated positive results. There was significant improvement at post-treatment. The results from this trial indicate that it is an effective treatment for managing and treating anxiety in primary care.

**Aimee Tubbs.(2006)** conducted a study to extracted descriptive information and analyzed content in 23 children's books related to military deployment using a coding instrument entitled, “Military Bibliotherapy Coding Instrument for Children's Books,” developed for this study. Additionally, the content from the books was compared to themes found in current research literature. Books for black children are underrepresented with only 8% of books having black characters compared to the 16.9% black population in active duty military service. Finding ways to keep the main character and the deployed person connected is the most prevalent coping strategy described in the books (82%). A surprising find is that pride in the deployed person's military service is described as a coping strategy. Information from this analysis will assist parents, educators and mental health professionals in selecting books for bibliotherapy use that align with the unique circumstances and characteristics of military children.

**Teichman Y. (2008)** conducted a national survey of “Bibliotherapy Practices in Counseling” was conducted in 2008. Little research exists regarding preparation of professional counselors and their specific use of bibliotherapy interventions. Invitations and survey requests were sent to a random sample of current members of the American Counseling Association. Respondent data indicated counselors do use bibliotherapy in their practice; however, this is largely limited to using informational, workbook, and self-help materials. An analysis of counselors theoretical orientations, client populations, and practice settings is presented. Implications for counselors and counselor-educators and recommendations for future research are offered. At the end findings, suggesting that affective bibliotherapy can be an effective method of treatment.

**De Nigris E. (2000)** conducted a research to identifying the contribution of biblio-poetry therapy practice and in enhancing personal development of children. Writing, telling and listening to stories open up possibilities for change and new learning windows. Through expressive and communicative stories, the child can expand his imaginative space and perspectives of action in a “holding framework” and even in virtual communities. Rewriting previous “truth stories” moves and modifies his conceptions of self, others and life relations. The inhibitions, failures and dislocations inherent in storytelling also provide valuable experiential and

experimental touching/moving knowledge. The study explored biblio-poetry therapy practice can enhance personal development of children.

**Melissa Allen Heath, Dawn Sheen, et al. (2014)** conducted a study to find a children's literature is a therapeutic tool for facilitating emotional growth and healing. Stories provide a catalyst for change, providing children with other perspectives and options for thoughts, feelings and behaviours. Appropriately shared stories provide opportunities for children to gain insight and learn healthier ways to face difficulties. To increase familiarity with bibliotherapy the following information is reviewed: a background of literature's therapeutic use; the stages of involvement, identification, catharsis, insight and universalism; the finding suggest that bibliotherapy is the effective tool for facilitate emotional growth and healing

### **C) Studies related to Bibliotherapy to reduce hospitalized anxiety in children.**

**Nicole Schneider. (2012)** conducted a study on children, twenty-one children ages 4 to 12 with various cancers, primarily hematological diagnoses, were recruited for this study and asked to rate their functioning across several domains utilizing the Child Outcome Rating Scale .. It was expected that children read comic book would experience a decrease in their perceived distress compared to their pre-intervention level distress. Bibliotherapy's effect on hospital anxiety in Children with Cancer decreased immediately after the initial book reading .Significant improvements were found several months after the initial intervention. The study concluded bibliotherapy to be a convenient, inexpensive, effective psychological intervention

**Brown A. (2014)** conducted a Studies were included if they included clinically referred young people (aged under 19 years) seeking help for anxiety, treated using brief therapies which were fully or partly delivered by means other than a therapist, e.g. using a bibliotherapy. 14 studies were reviewed. Findings suggested that therapist-assisted bibliotherapy may be effective treatments for children with hospitalized anxiety. Attention bias modification warrants further research as a treatment for anxiety. The finding shows bibliotherapy is effective for children.

**Blechinger T, Klosinski G. (2010)** conducted a study of quasi-experimental study determined the effectiveness of a three-dimensional (3-D) storybook in

increasing surgical knowledge and decreasing anxiety among young children. 20 randomly assigned participants who received either the 3-D storybook. A pre surgical knowledge questionnaire and modified Yale Preoperative Anxiety Scale assessed surgical knowledge and anxiety. Data were analyzed with one-way and repeated-measures multivariate analysis of variance. Results showed that both groups had higher knowledge scores ( $F = 8.94$ ;  $P = .008$ ) and lower anxiety scores ( $F = 5.13$ ;  $P = .036$ ) after the intervention. The children who received information from the 3-D storybook exhibited a significantly higher post test knowledge score ( $F = 11.71$ ;  $P = .003$ ) and lower anxiety score ( $F = 10.05$ ;  $P = .005$ ) than the traditionally educated group of children. The study concluded that the 3-D storybook effectively increased surgical knowledge and decreased anxiety.

**Teichman Y, Lerman M, et al. (2009)** conducted a study of group bibliotherapy on the anxieties of children in grades one, two, and three. The total sample contained 295 children. Treatments were randomly assigned to the groups. Control Group I received no experimental treatment. Control Group II received non-biblio therapeutic treatment. The Experimental Group received biblio therapeutic treatment. All children participating in the study were administered a pre test. The instrument used was Sarason's General Anxiety Scale for Children. Each group was read three appropriate books by the investigator each session for ten sessions. Immediately following the five-week experimental period, a post test was administered to all the children. Overall reading biblio therapeutic comic books lessen their anxieties.

## CHAPTER - III

### METHODOLOGY

Research methodology is a research designed to develop or redefine methods of obtaining organizing or analyzing data principle (**Polit, 2011**)

This chapter deals with the description of methodology and different steps which were undertaken for gathering and organizing data for the investigation. It includes research approach, research design, setting, samples, and sampling technique, development of teaching strategies, ethical considerations, pilot study, data collection and plan for data analysis

#### RESEARCH APPROACH:

**Polit and Hungler, (2004)** defined the research approach as “a general set of orderly discipline procedure used to acquire information”.

To accomplish the objectives of this study, A quantitative approach was used to determine the effectiveness of bibliotherapy in reducing the level of anxiety.

#### RESEARCH DESIGN:

**Polit and Hungler, (2004)** defined research design as overall plan for addressing a research questions, including specification for enhancing the study integrity.

Quasi experimental pre- post design was used to evaluate the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children.

The research design is diagrammatically represented as ,

GROUP	PRE TEST	INTERVENTION	POST TEST
Experimental Group	E <sub>1</sub>	X	E <sub>2</sub>
Control Group	C <sub>1</sub>	-	C <sub>2</sub>

$E_1$  – Pre test level of anxiety in experimental group.

$C_1$  – Pre test level of anxiety in control group.

X – Bibliotherapy (approximately 20 minutes twice a day for two days).

$E_2$  – Post test level of anxiety in experimental group.

$C_2$  – Post test level of anxiety in control group children using the Modified Spence Children's Anxiety scale measurement

### **SETTING OF THE STUDY:**

The physical location and condition in which data collection takes place in a study is the setting of the study.

The study was conducted in William Hospital, Marthandam, after getting formal permission from the Director of William Hospital.

### **VARIABLES:**

**Polit and Hungler, (2004)** defined an attribute of a person or object that varies, that is, takes on different values.

#### **Independent variable :**

The variable that is believed to cause or influence the dependent variable, the manipulated (treatment) variable. **(Polit and Hungler-(2004))**

In this study independent variable is, Bibliotherapy (approximately 20 minutes twice a day for two days)

#### **Dependent variable:**

The variable hypothesized to depend on or be caused by another variable, the outcome variable of interest. **(Polit and hungler-(2004))**

In this study depended variable is, hospitalized anxiety children age group is 9 to 12 years.

**POPULATION:**

A population is the entire aggregation of cases in which a researcher is interested. **(Polit and Hungler-2004)**

In this study population consists of selected hospitalized children in the age group of 9 to 12 years.

**ACCESSIBLE POPULATION:**

Children who have anxiety during hospitalization in William Hospital.

**TARGET POPULATION:**

Hospitalized children age group is 9 to 12 years, admitted in William Hospital.

**SAMPLE SIZE:**

The sample size is the total number of study participants in a study **(Polit-2008)**

The sample size was 60 hospitalized children age group is 9 to 12 years in William hospital. Among them, 30 samples were in the experimental group and 30 samples were in the control group.

**SAMPLING TECHNIQUE:**

It is the process of selecting the subject from a population in order to obtain information regarding a phenomenon in a way that represents the entire population **(Polit-2010)**

The sampling technique adopted for this study was purposive sampling technique.



## **CRITERIA FOR SAMPLE SELECTION:**

### **Inclusion criteria**

Study includes

1. children on the 1<sup>st</sup> and 2<sup>nd</sup> day of hospital admission.
2. both male and female children between the age group of 9 and 12 years
3. children who can read Tamil.
4. children available at the time of data collection

### **Exclusion criteria:**

1. mentally retarded children.
2. visual and auditory impairment children.
3. children who are not interested in reading
4. children who are frequently hospitalized.

## **DESCRIPTION OF THE SETTING:**

The physical location and condition in which data collection takes place in the study (Pilot 2012).

The study was conducted in William hospital at Marthandam. The selection of the hospital was done on the basis of feasibility and availability.

## **DESCRIPTION OF THE TOOL:**

Treece and Treece (1986) emphasized that the instrument hospitalized in research should as far as possible be the vehicle that could best obtain data for drawing conclusion, pertinent to the study.

The effectiveness of Bibliotherapy to reducing hospitalized anxiety in children age group 9 to 12 years was assessed by Modified Spence Children's Anxiety Scale.(Dr.Susan H Spence)

**Section A:** Demographic data of the samples

This section deals with demographic variable which included child age, gender, mother's education, education of child, previous history of hospitalization, area of living, and birth order.

**Section B:** The anxiety rating scale consist 20 multiple choice items on various aspects related to anxiety. Each questions has 4 options.

The total score is 60

**Scoring procedure:**

Each item is scored on a scale of 0 (never) to 3(always)

- 0- Never anxiety
- 1- Some times anxiety
- 2- Often anxiety
- 3- Always anxiety

**Score interpretation**

Minimum score - 0

Maximum score – 3

**Intervention of bibliotherapy:**

Provide a calm and quiet environment. On the 1<sup>st</sup> day Morning session, establish an interpersonal relationship with the child by explaining the process of bibliotherapy. Provide Comic story books to the child in the morning and evening for reading. Instruct the child to read for approximately 20 minutes. Same procedure was repeated on next day (2<sup>nd</sup> day) also.

**CONTENT VALIDITY:**

Content validity of the tool was established by 6 experts including 5 nursing experts and consultant of paediatrician. The experts were requested to give their opinion and suggestion for further modification of items to improve the clarity and content of the items. The final tool was prepared as per the suggestion and advices given by the experts.

**RELIABILITY:**

The reliability of the tool was obtained by inter-rater method. The calculated value was 0.9 which signified the tool is highly reliable.

**PILOT STUDY:**

The pilot study was done after obtaining formal approval from Director of P.P.K. Hospital, Marthandam. The researcher introduced herself to the study subject and established good rapport. Then the researcher gave a short introduction about her study and bibliotherapy. The pretest level of anxiety was assessed by using Modified Spence Children Anxiety Scale. The samples were selected using the purposive sampling technique. Based on inclusion criteria, six samples were selected. Three samples were allotted for experimental group and three samples were allotted for control group. Bibliotherapy was given to the child for approximately 20 minutes, two times a day, for two days. The post test level of anxiety was evaluated for both groups using Modified Spence Children's Anxiety Scale.

**METHOD OF DATA COLLECTION:**

After obtaining formal approval from the Director of William Hospital, the investigator proceeded with the data collection.

The study was conducted at William Hospital from 1-4-2016 to 30-4-2016. Introduction about investigator was given to samples. The investigator was established good rapport with the children and parent, and assured that information would kept confidential. The 60 samples were selected by purposive sampling technique based on inclusion criteria. Modified Spence Children Anxiety scale was used to assess anxiety level.

Then pre test was conducted. Investigator selected 30 samples for experimental group and 30 samples for control group from William Hospital. Then the investigator gave Bibliotherapy for approximately 20 minutes, two times a day, for two days to the experimental group. Intervention was not given for control group. A post test was conducted by using the Modified Spence Children's Anxiety scale for experimental group and control group.

**PLAN FOR DATA ANALYSIS:**

Both descriptive and inferential statistics were used to analyse the data.

**DESCRIPTIVE STATISTICS:**

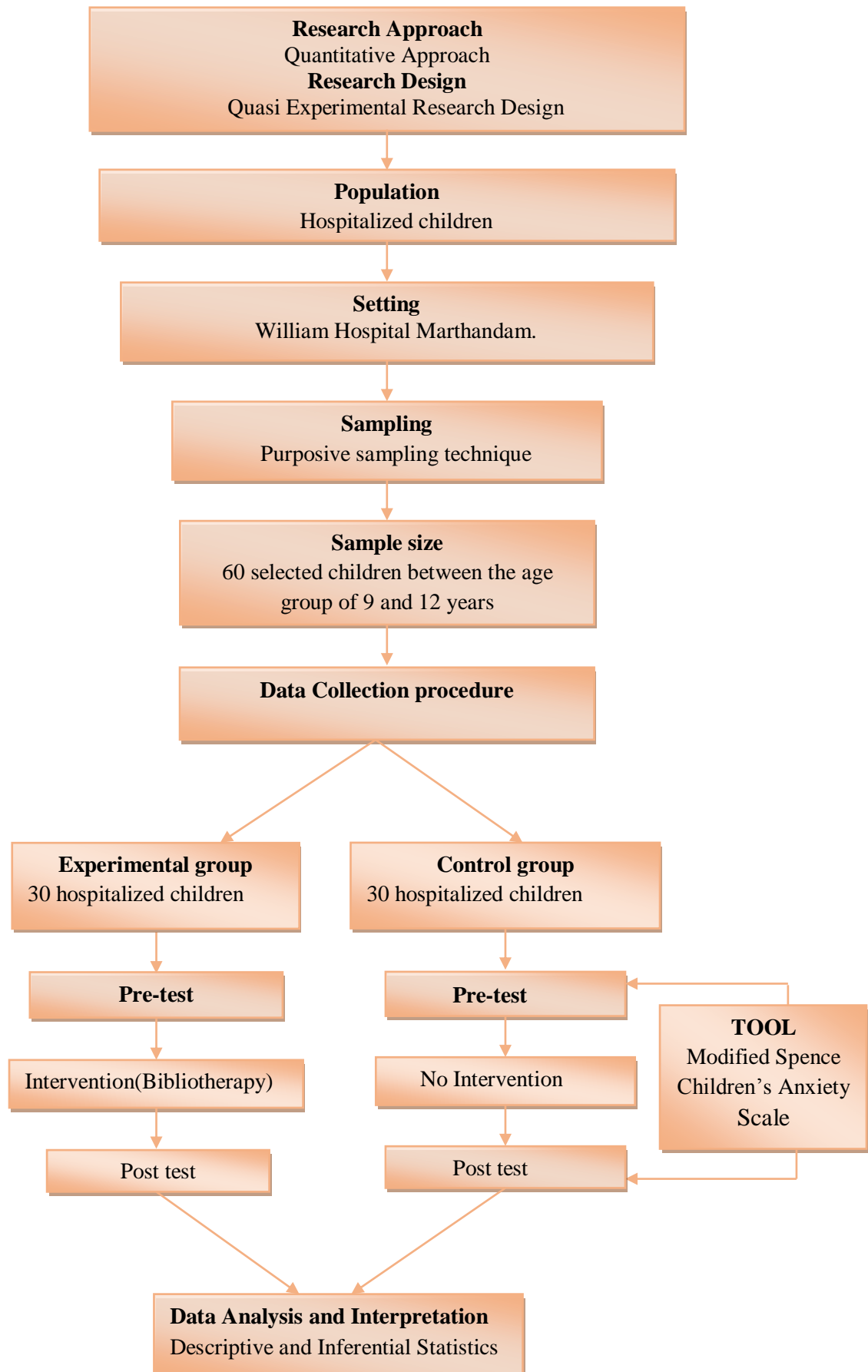
1. Frequency and percentage distribution was used to analyze the demographic variables
2. Frequency and percentage distribution was used to evaluate the level of anxiety.
3. Mean and standard deviation was used to evaluate the effectiveness of bibliotherapy in the level of anxiety.

**INFERENTIAL STATISTICS:**

1. Paired 't' test was used to compare the pre test and post test level of anxiety in experimental group and control group.
2. unpaired 't' test was use to compare the post test level of anxiety in experimental group and control group.
3. Chi-square test was used to find out the association of the pre test level of anxiety in experimental group and control group with the selected demographic variables.

**ETHICAL CONSIDERATION:**

The proposed study was conducted after the approval of the dissertation committee of Global college of Nursing. Formal approval was obtained from the William Hospital. Informed written consent was obtained from each subject before starting the data collection. Assurance was given to the study subjects regarding the confidentiality of the data collected.

**Fig : 2 Schematic Representation of Research Methodology**

## **CHAPTER – IV**

### **DATA ANALYSIS AND INTERPRETATION**

Research data must be processed and analyzed in an orderly fashion so that patterns and relationship can be discerned and validated, and hypothesis can be tested. Quantitative data analyzed through statistical analysis includes simple procedures as well as complex and sophisticated methods.

This chapter deal with the analysis and interpretation of the data collected from anxiety children. The interpretation of tabulated data can bring to light the real meaning of findings of the study. In order to find meaningful answers to the research questions the collected data must be processed and analyzed in some orderly coherent fashion, so that patterns and relationships can be discerned. In this study the data was analyzed based on the objectives and hypothesis of the study using descriptive and inferential statistics.

The study findings are presented in sections as follow:

#### **Section A:**

Frequency and percentage of the sample according to the demographic variables in Experimental group and Control group.

#### **Section B:**

- (i) Assessment of level of anxiety among hospitalized children in Experimental group and Control group before intervention.
- (ii) Assessment of level of anxiety among hospitalized children in Experimental group and Control group after intervention.

#### **Section C:**

- (i) Comparison of pre test and post test level of anxiety in Experimental group and Control group.

- (ii) Comparison of post test level of anxiety in Experimental group and Control group.

**Section D:**

Association between the pre test level anxiety in Experimental group and Control group with their demographic variables.

**SECTION A:**

**Distribution of the sample according to the demographic variables in experimental group and control group.**

**Table 1:**

**Frequency and percentage distribution of demographic variables of the anxiety with respect to age, gender, mother's education, education of child, previous hospitalization, area of living, birth order, in Experimental group and Control group.**

(n = 60)

Sl. No	Demographic Variables	Study group		Control Group	
		f	%	f	%
1	Age				
	(a) 9 years	7	23.34	10	33.34
	(b) 10 years	11	36.67	6	20
	(c) 11 years	5	16.66	8	26.66
	(d) 12 years	7	23.33	6	20
2	Gender				
	(a) Male	14	46.66	13	43.34
	(b) Female	16	53.34	17	56.66
3	Mother's Education				
	(a) Primary Education	7	23.33	9	30
	(b) Higher Secondary	11	36.67	13	43.34
	(c) Degree	12	40	8	26.66
4	Education of the child				
	(a) 4 <sup>th</sup>	8	26.67	11	36.67
	(b) 5 <sup>th</sup>	10	33.34	5	16.67
	(c) 6 <sup>th</sup>	5	16.66	8	26.66
	(d) 7 <sup>th</sup>	7	23.33	6	20
5	Previous Hospitalization				
	(a) Before 1 month	8	26.67	7	23.34
	(b) Before 3 month	9	30	12	40
	(c) Before 6 month	8	26.66	10	33.33
	(d) Nil	5	16.67	1	3.33
6	Area of living				
	(a) Rural	18	60	10	33.34
	(b) Urban	12	40	20	66.66
7	Birth Order				
	(a) First Baby	14	46.66	19	63.33
	(b) Second Baby	13	43.34	9	30
	(c) Third Baby	3	10	2	6.67



Table 1 shows the distribution of sample according to the age in Experimental group, out of 30 sample 7 (23.34%) were 9 years of age, 11 (36.67%) of them were 10 years of age, 5 (16.66%) were 11 years of age, 7 (23.33%) were 12 years of age and in control group 10 (33.34%) were 9 years of age, 6 (20%) of them were to 10 years of age, 8 (26.66%) were 11 years, 6 (20%) were 12 years of age.

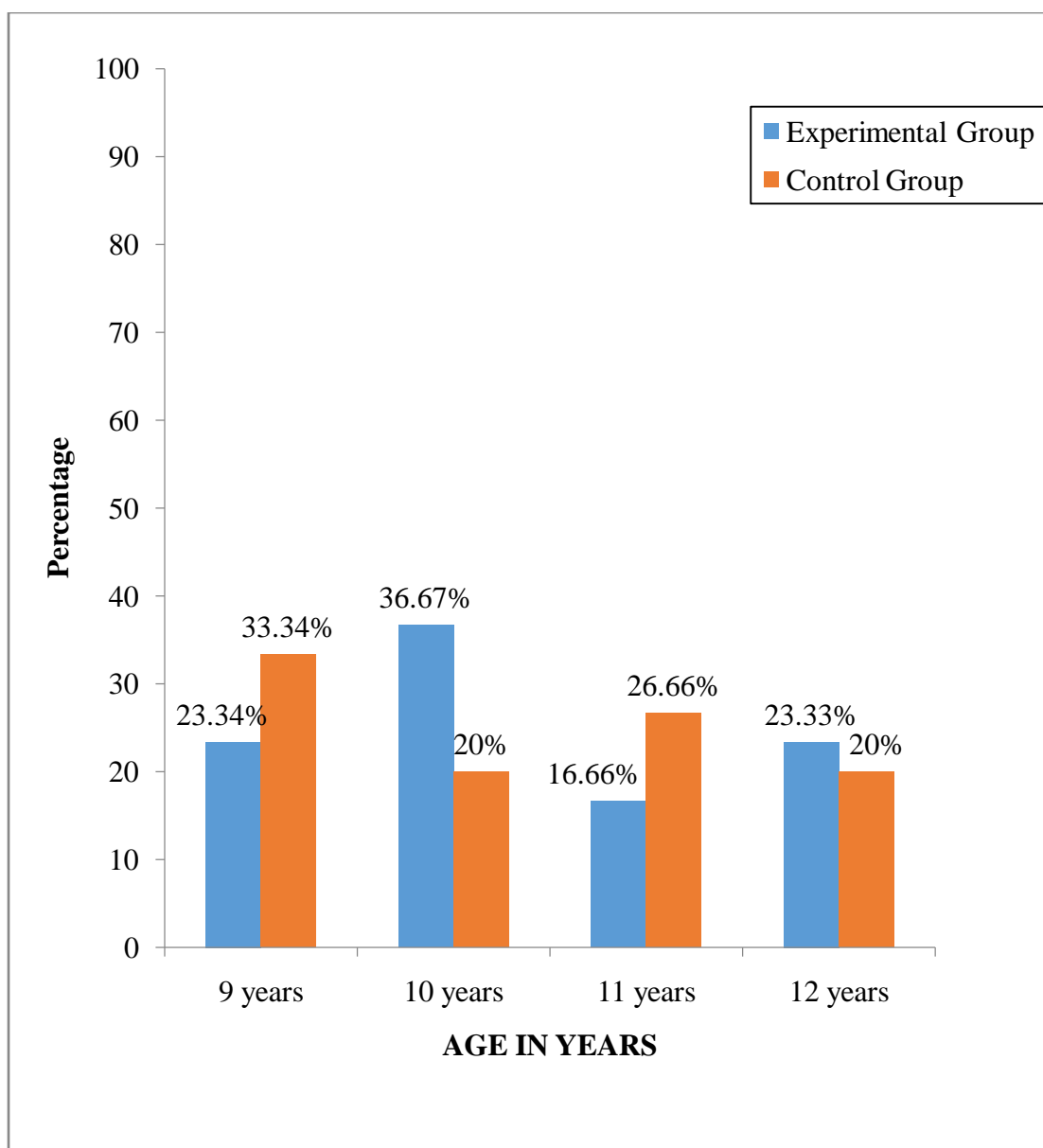
Dispersion of sample according to the gender in the experimental group out of 30 sample 14 (46.66%) were male, 16 (53.34%) were female, and in control group 13 (43.34%) were male, 17 (56.66%) were female.

With regard to the mother's education in the experimental group out of 30 sample 7 (23.33%) belonged to primary education, 11 (36.67%) of them belonged to higher secondary, 12 (40%) belonged to degree and in Control group 9 (30%) belonged to primary education, 13 (43.34%) of them belonged to higher secondary, 8 (26.66%) belonged to degree.

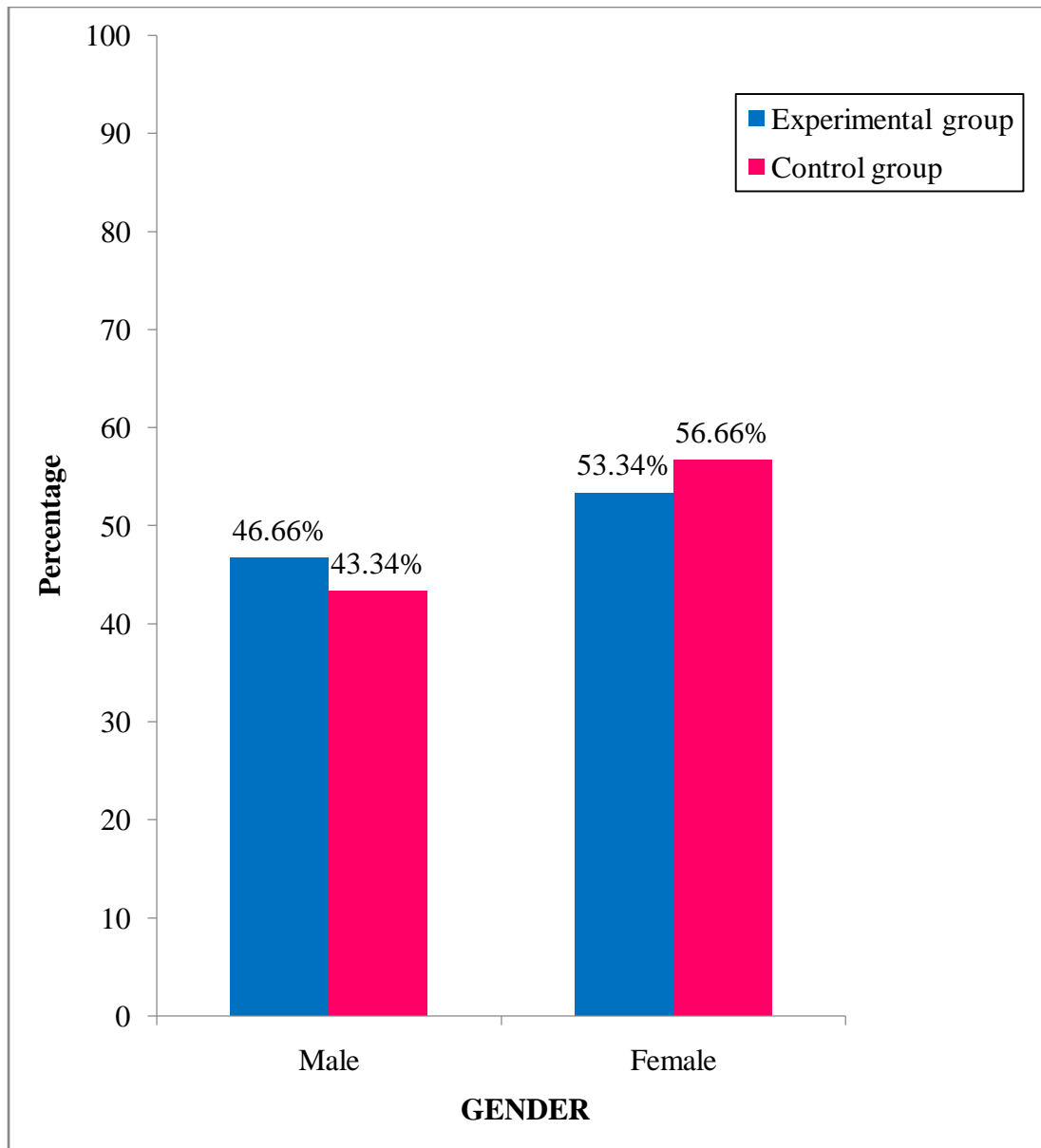
Distribution of sample according to the education of the child in the experimental group, out of 30 sample 8 (26.67%) belonged to 4<sup>th</sup> std, 10 (33.34%) of them belonged to 5<sup>th</sup>std, 5 (16.66%) belonged to 6<sup>th</sup>std and 7 (23.33%) of them belonged to 7<sup>th</sup>std and in Control group 11 (36.67%) belonged to 4<sup>th</sup>std, 5 (16.67%) of them belonged to 5<sup>th</sup>std, 8 (26.66%) belonged to 6<sup>th</sup>std and 6 (20%) of them belonged to 7<sup>th</sup> std.

Distribution of sample according to the previous hospitalization in the experimental group, out of 30 sample 8 (26.67%) for before 1month, 9 (30%) for before 3month, 8 (26.66%) for before 6 month and 5 (16.67%) for nil and in Control group 7 (23.34%) for before 1month, 12 (40%) for before 3month, 10 (33.33%) for before 6month and 1 (3.33%) for nil.

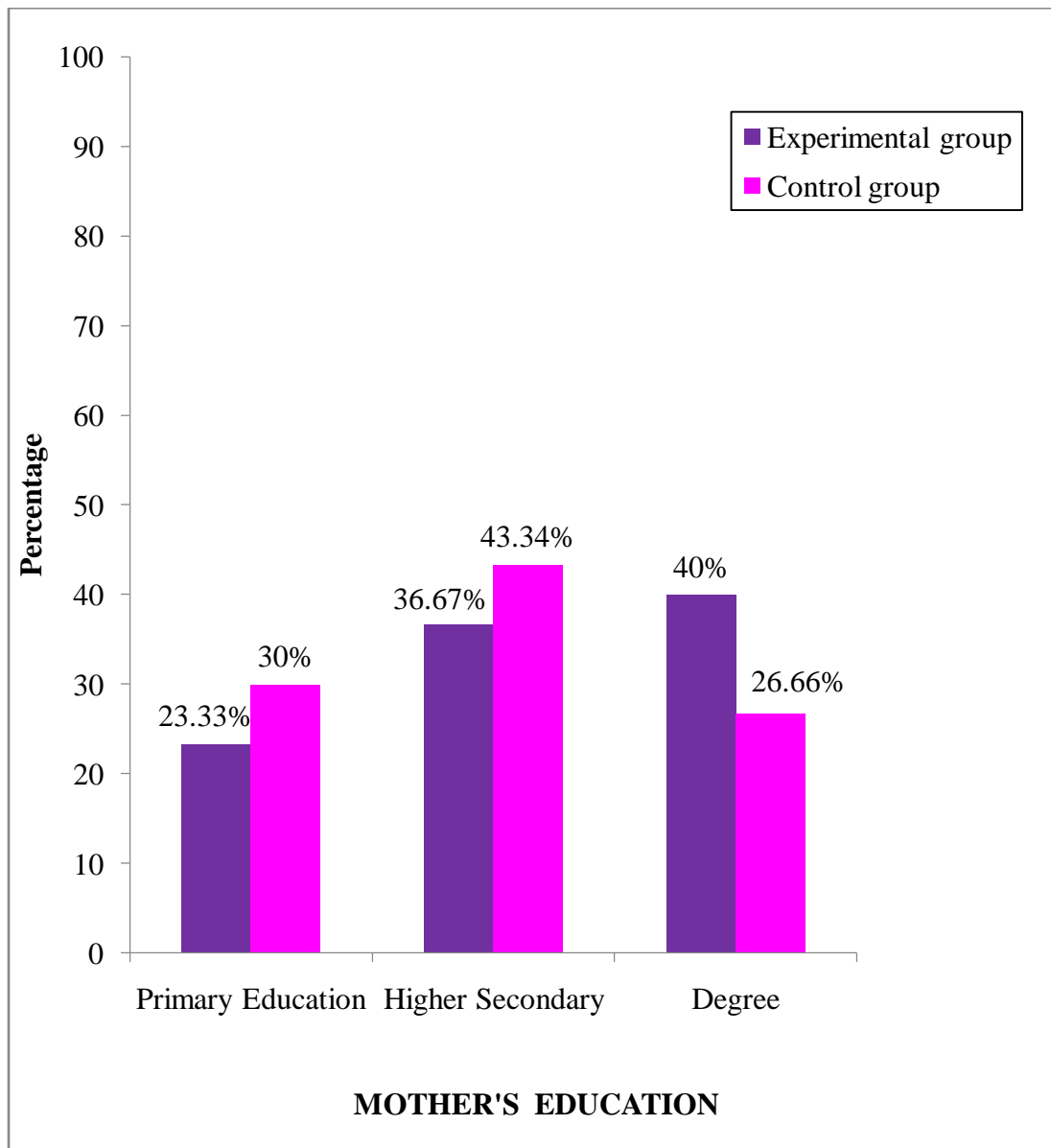
Distribution of samples according to the area of living in experimental group, out of 30 sample 18 (60%) were rural, 12 (40%) were urban and in Control group out of 30 sample 10 (33.34%) were rural, 20 (66.66%) were urban.



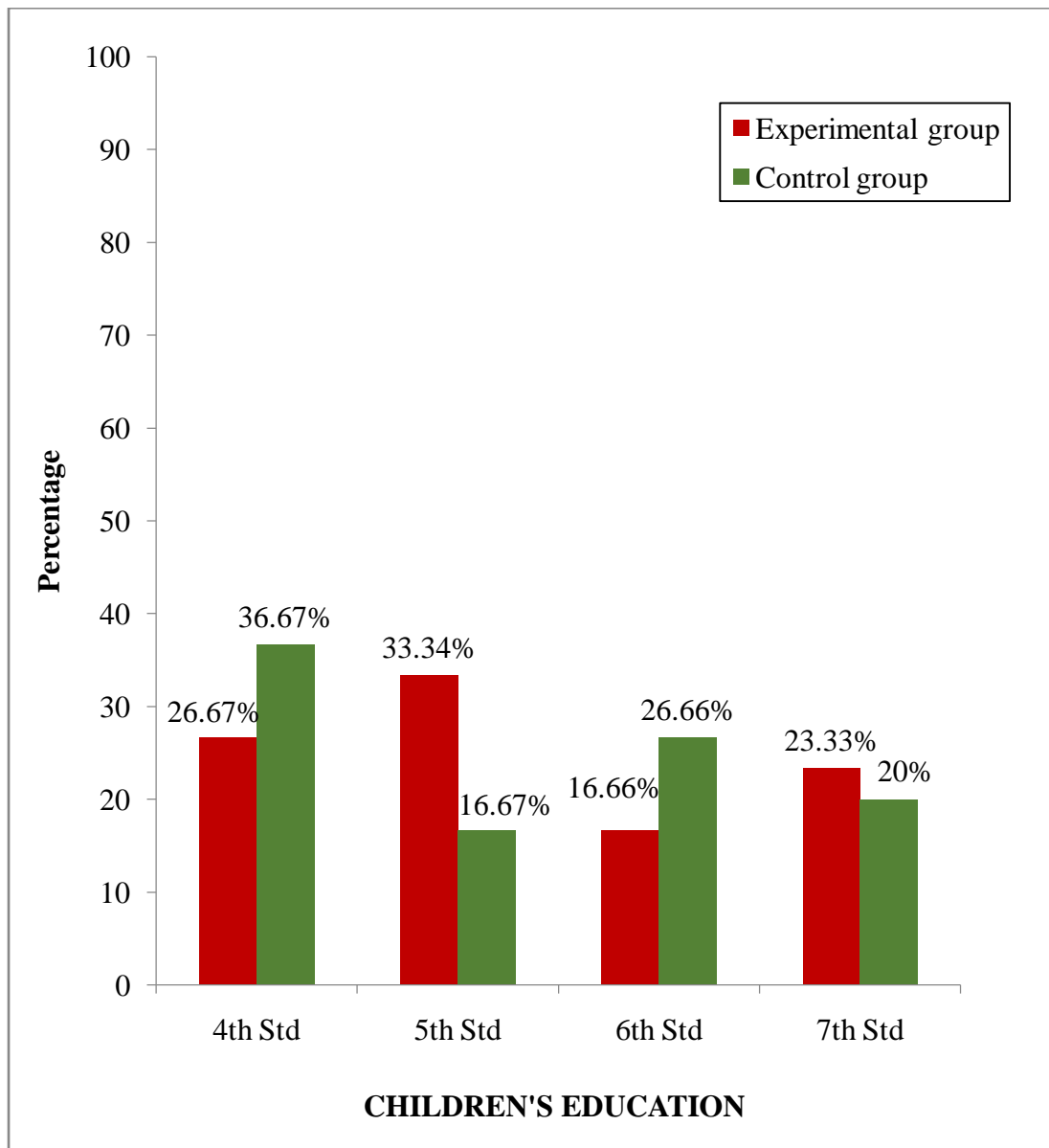
**Figure 3: Percentage Distribution of Sample According to Age in Years**



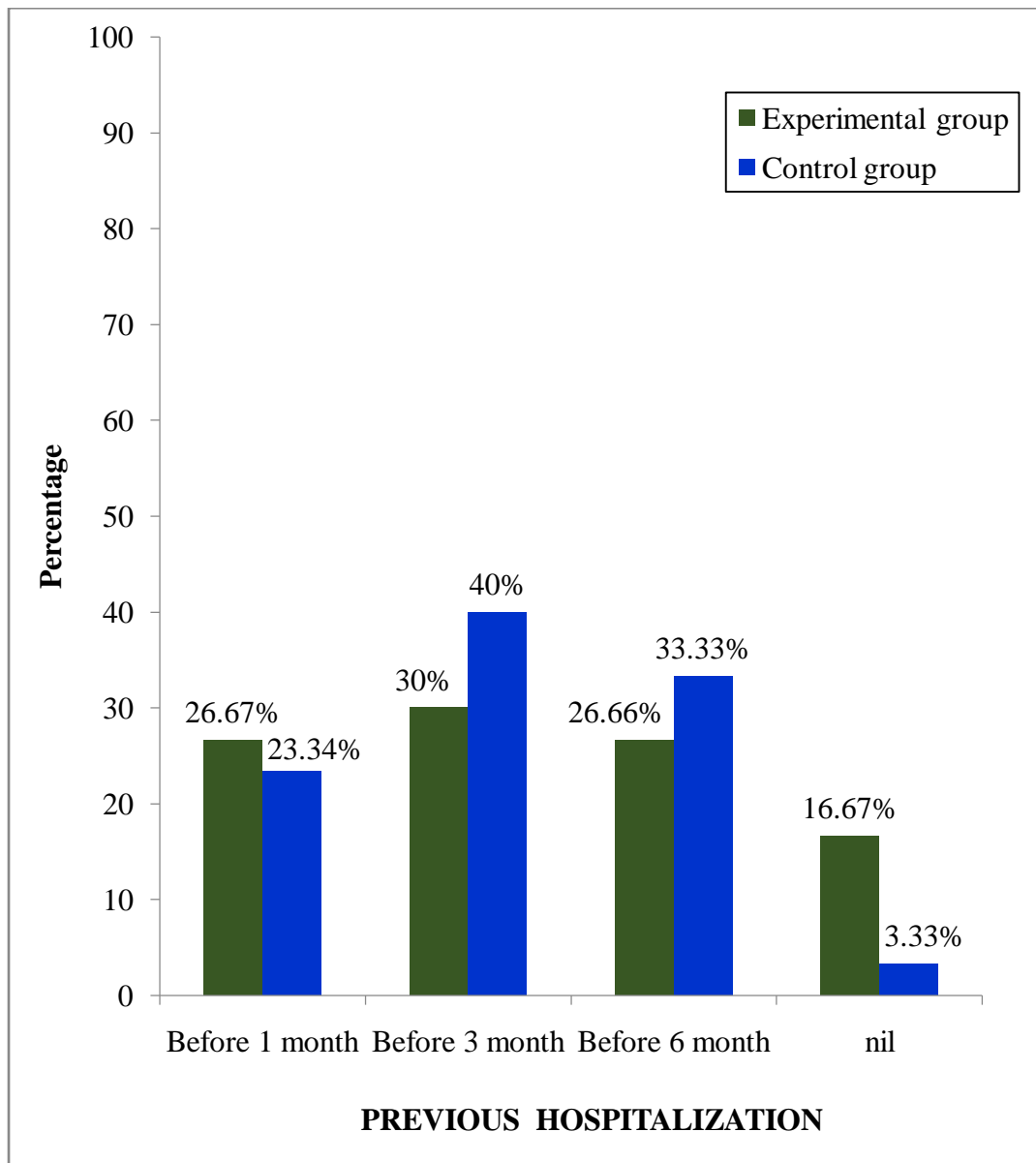
**Figure 4: Percentage Distribution Sample According to Gender**



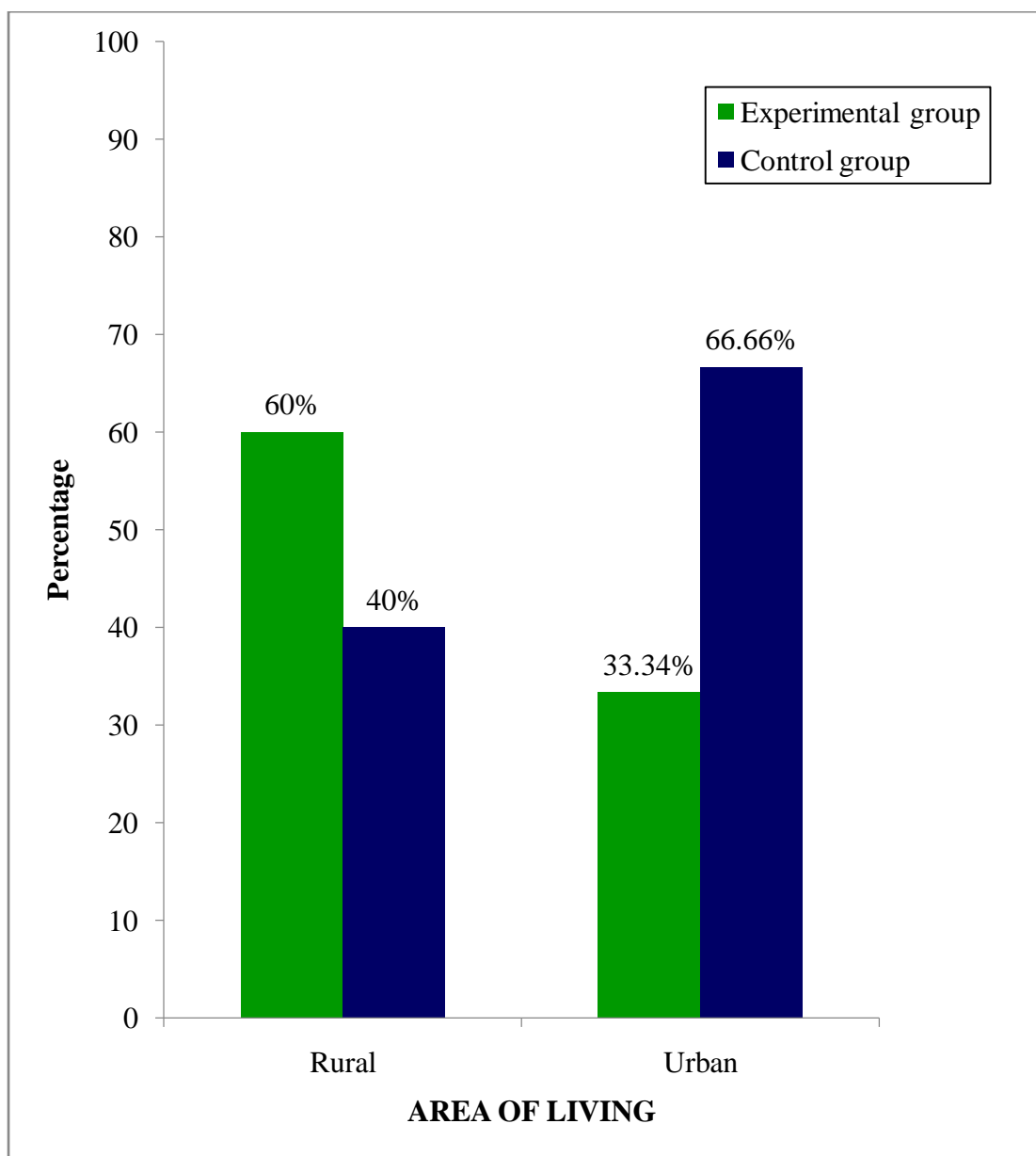
**Figure 5: Percentage Distribution Sample According to Mother Education**



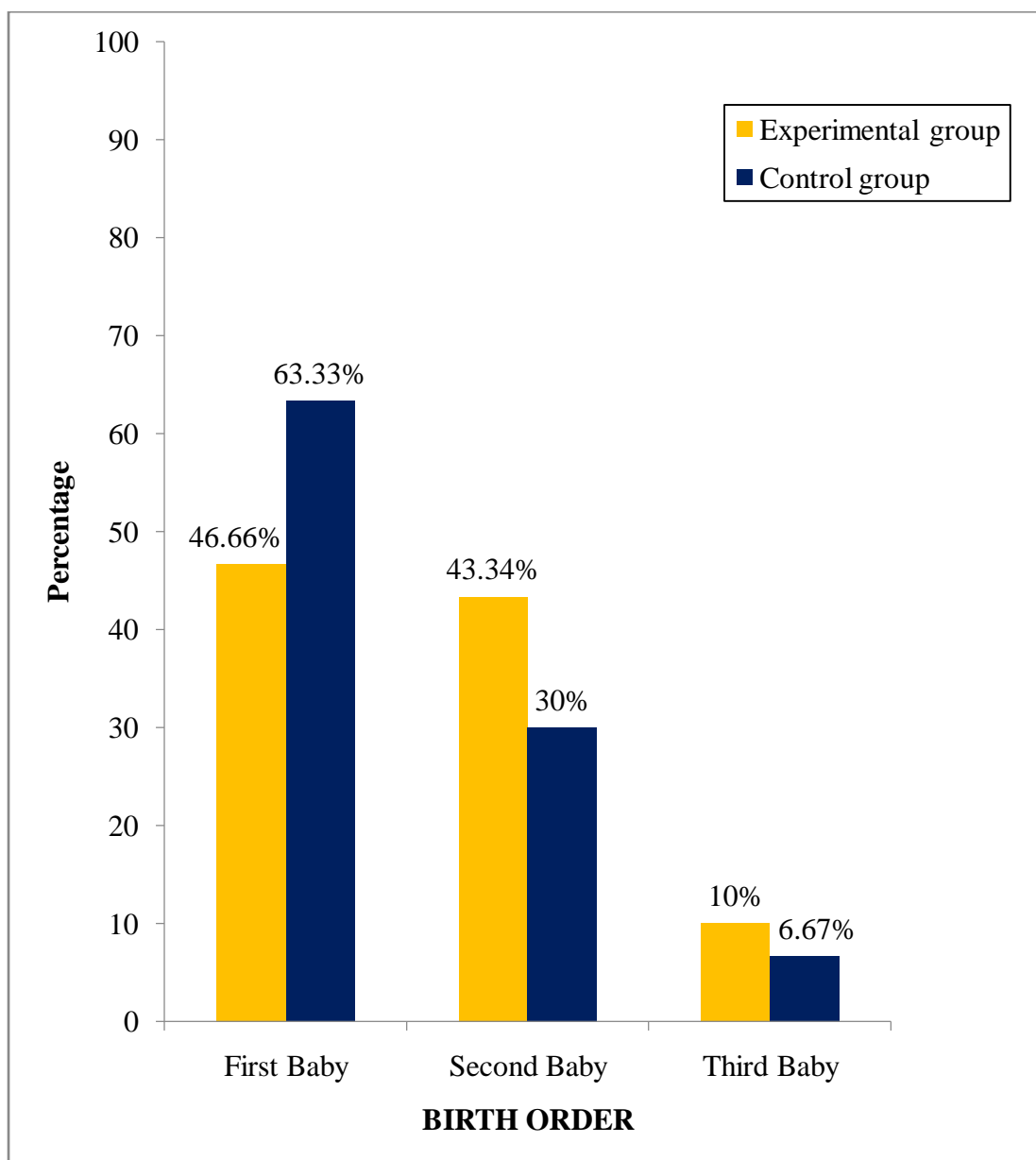
**Figure 6 : Percentage Distribution of Samples According to Children's Education**



**Figure 7: Percentage Distribution of Samples According to Previous Hospitalization**



**Figure 8 : Percentage Distribution of Sample According to Area of Living**



**Figure 9 : Percentage Distriution of Sample According to Birth order**



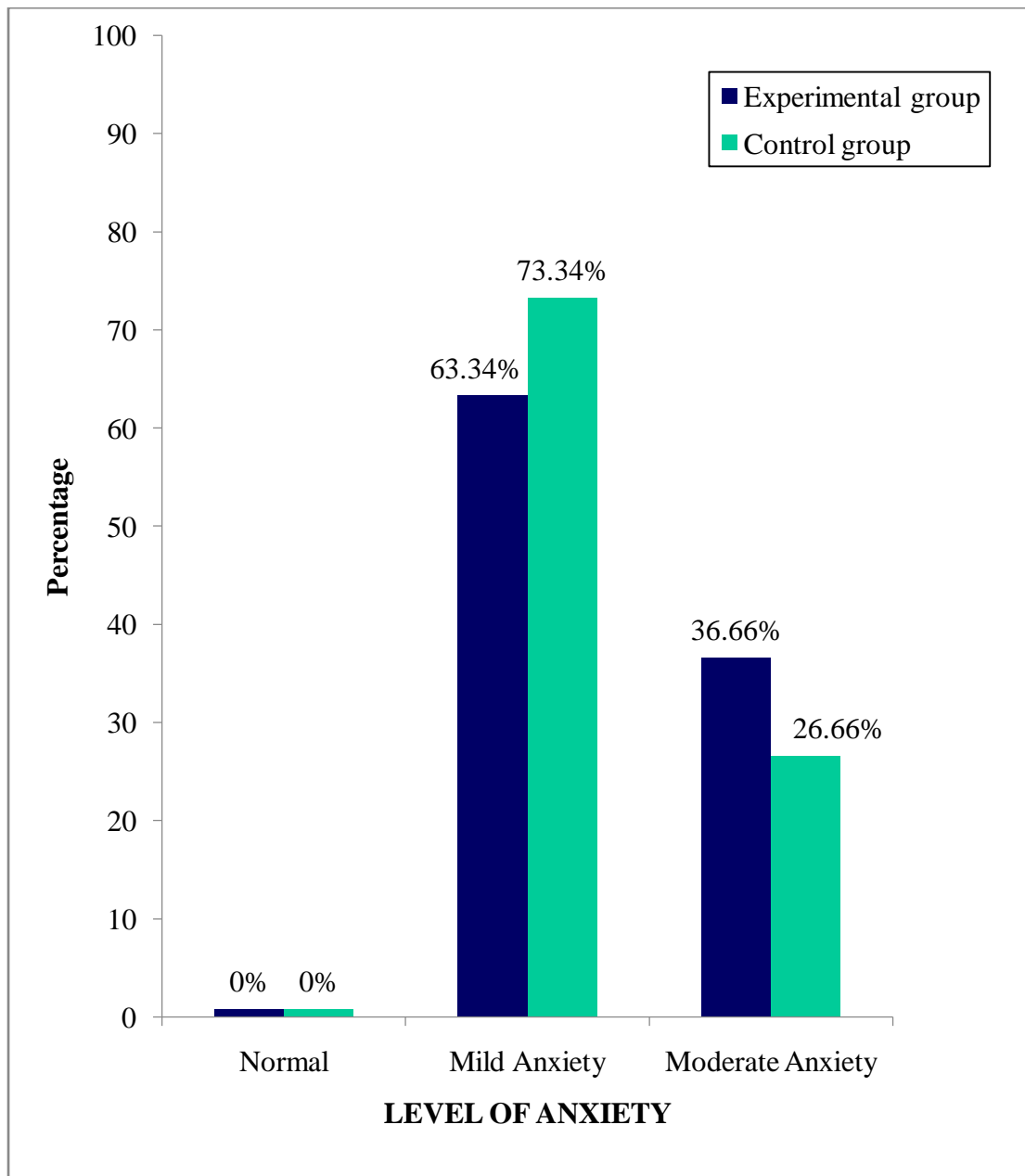
Distribution of sample according to the birth order in the experimental group, out of 30 sample 14 (46.66%) belonged to first baby, 13 (43.34%) of belonged to second baby, and 3 (10%) of belonged to third baby and in Control group 19 (63.33%) of belonged to first baby, 9 (30%) of belonged to second baby, and 2 (6.67%) of belonged to third baby.

**SECTION B:****(i) Assessment of Level of Anxiety among hospitalized children in Experimental group and control group before Intervention****Table 2:**

**Frequency and percentage distribution of children's according to the level of Anxiety in Experimental group and Control group before intervention.**

S. No	Level of Anxiety	Pre test			
		Experimental group		Control group	
		n=30		n=30	
		f	%	F	%
1.	Normal	0	0	0	0
2.	Mild Anxiety	19	63.34	22	73.34
3.	Moderate Anxiety	11	36.66	8	26.66

During pretest, in Experimental group 0 (0%) had No Anxiety, 19 (63.34%) had Mild Anxiety, 11 (36.66%) had Moderate Anxiety. In Control group, 0 (0%) had No Anxiety, 22 (73.34%) had Mild Anxiety, 8 (26.66%) had Moderate Anxiety.



**Figure 10: Distribution of Sample According to the Level of Anxiety Before Intervention**

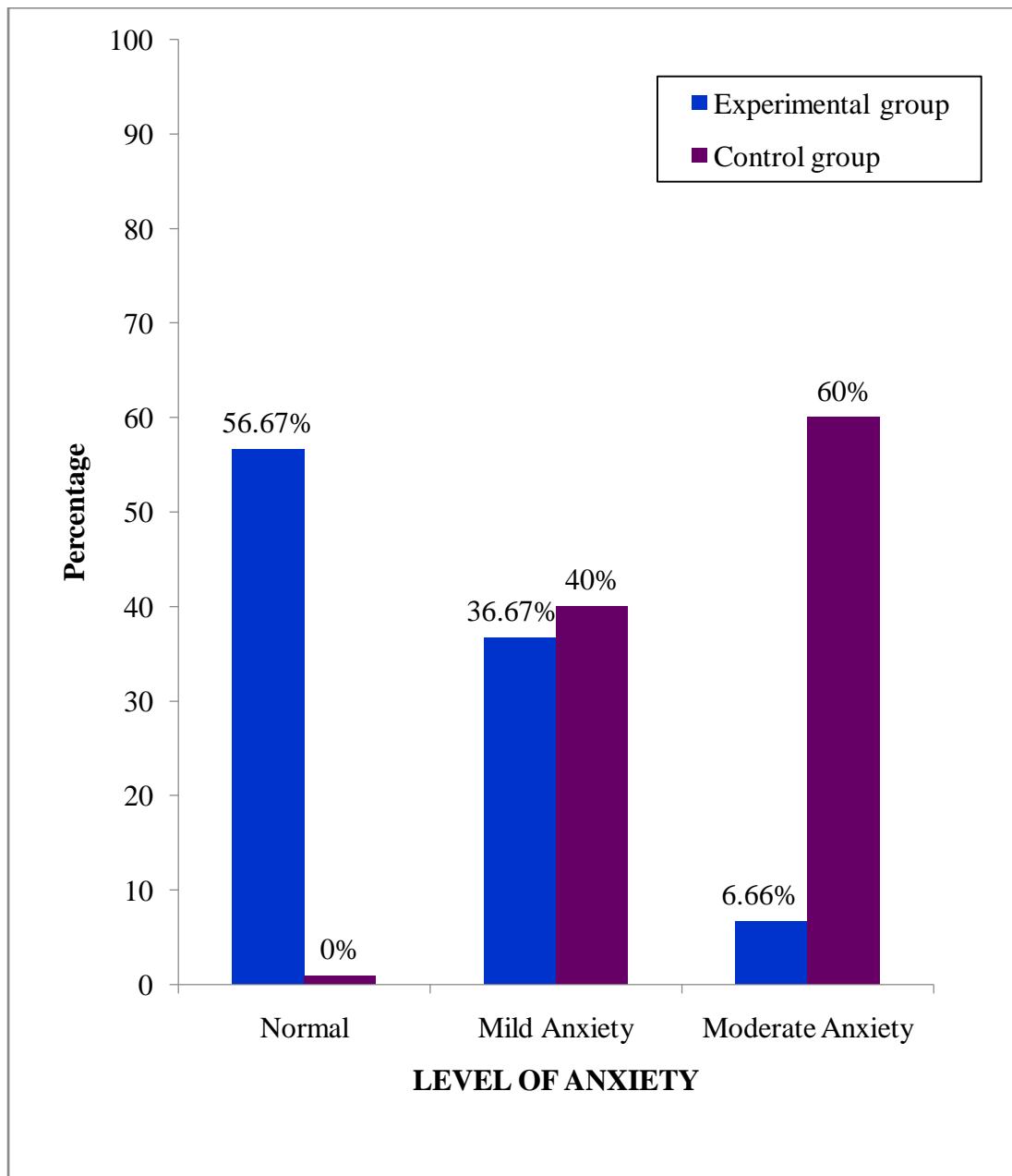
**(ii) Assessment of Level of Anxiety among hospitalized children in Experimental group and control group after Intervention**

**Table3:**

**Frequency and percentage distribution of sample according to the level of Anxiety in Experimental group and Control group after intervention.**

S. No	Level of Anxiety	Post test			
		Experimental group		Control group	
		n=30		n=30	
		f	%	f	%
1.	Normal	17	56.67	0	0
2.	Mild Anxiety	11	36.67	12	40
3.	Moderate Anxiety	2	6.66	18	60

During post test, in Experimental group, 17 (56.67%) had No Anxiety, 11 (36.67%) had Mild Anxiety, 2 (6.66%) had Moderate Anxiety. In Control group, 0 (0%) had No Anxiety, 12 (40%) had Mild Anxiety, 18 (60%) had Moderate Anxiety.



**Figure 11: Distribution of Sample According to the Level of Anxiety After Intervention**

## SECTION C

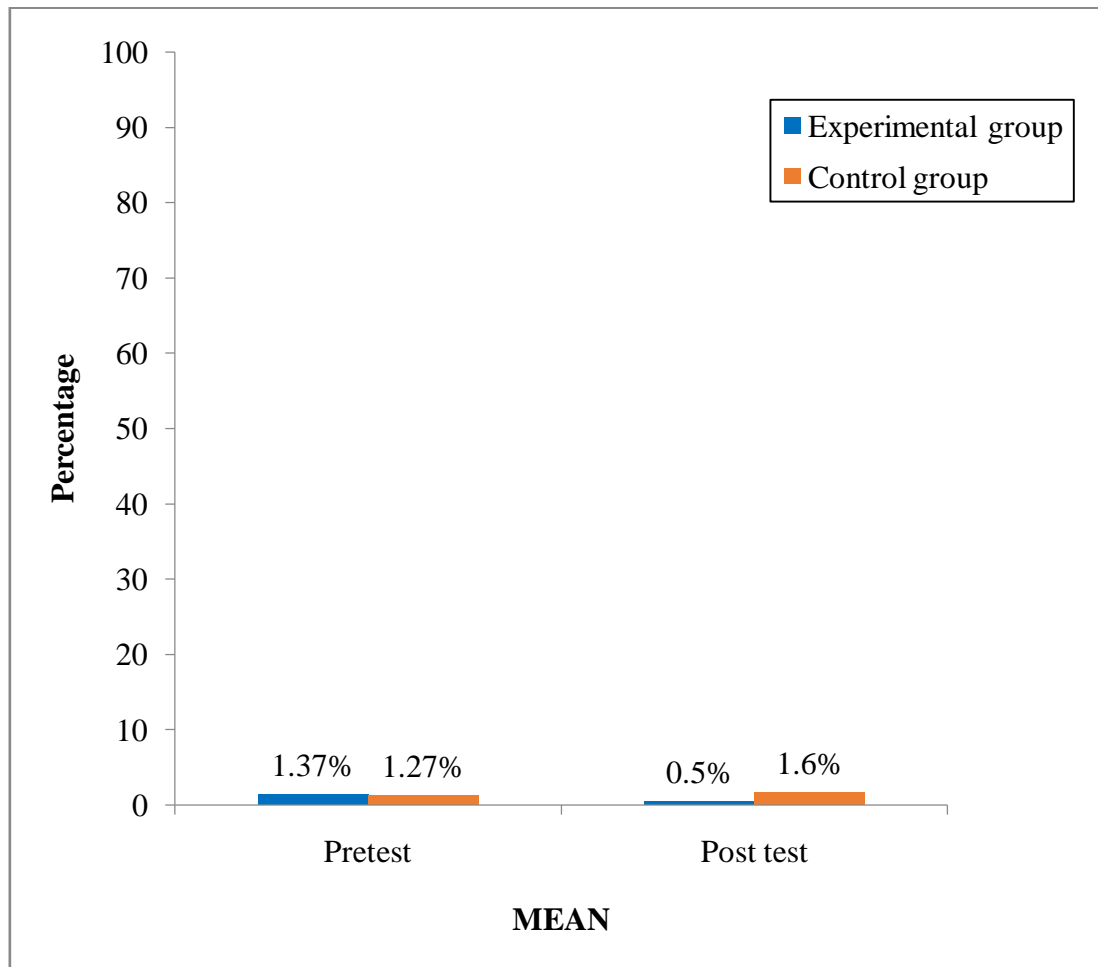
### (i) Comparison of Pre Test and Post Test Level of Anxiety among hospitalized children in Experimental Group and Control Group.

**Table 4:**

**Mean, SD and paired 't' value on pre and post test level of anxiety among hospitalized children in Experimental group and Control group.**

S. No	Group	Mean	SD	Mean difference	df	Paired 't' value
1.	Experimental group					
	Pre test	1.37	0.482	0.87	29	13.71*
	Post test	0.5	0.629			
2.	Control group					
	Pre test	1.27	0.459	0.33	29	3.873*
	Post test	1.6	0.497			

**\* Significant at  $p > 0.05$  level.**



**Figure 12: Distribution of Sample According to the Mean Value**

Table - 4 represents, the mean score on level of anxiety in Experimental group was 1.37 in pre test and 0.5 in post test. The paired 't' value was 13.71\* which is significant at  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety. Hence the research hypothesis ( $H_1$ ) is accepted.

In Control group the mean score on level of anxiety was 1.27 in pre test and 1.6 in post test. The paired 't' value was 3.87\* which is significant at  $p > 0.05$ .

**(ii) Comparison of post test level of anxiety among hospitalized children in experimental group and control group.**

**Table 5:**

**Mean, SD and unpaired 't' value on level of anxiety among hospitalized children in Experimental group and Control group after intervention.**

S. No	Groups	Mean	SD	df	Unpaired 't' value
1.	Experimental	0.5	0.62	58	8.46*
2.	Control	1.6	0.49		

**\* Significant at  $p > 0.05$  level.**

Table - 5 represents, the mean score on level of anxiety in Experimental group was 0.5 in post test and 1.6 in Control group post test. The estimated 't' value was 8.46\* which is significant at  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety. Hence the research hypothesis ( $H_1$ ) is accepted.



**SECTION: D**

**Association between level of anxiety among selected demographic variables in experimental group and control group.**

**Table 6**

Sl.No	Demographic Variables	Experimental group f	$\chi^2$	df	5% level of Signature	Control group f	$\chi^2$	df	5% level of Signature
1	Age								
	(a) 9 years	7				10			
	(b) 10 years	11	0.75	9	16.92	6	1.1	9	16.92
	(c) 11 years	5			NS	8			NS
	(d) 12 years	7				6			
2	Gender								
	(a) Male	14	2.61	3	7.82	13	8.31	3	7.82
	(b) Female	16			NS	17			S
3	Mother Education								
	(a) Primary education	7				9			
	(b) Higher secondary	11	1.16	6	12.59	13	0.19	6	12.59
	(c) Degree	12			NS	8			NS
4	Education of child								
	(a) 4 <sup>th</sup> std	8				11			
	(b) 5 <sup>th</sup> std	10	1.41	9	16.92	5	1.6	9	16.92
	(c) 6 <sup>th</sup> std	5			NS	8			NS
	(d) 7 <sup>th</sup> std	7				6			
5	Previous Hospitalization								
	(a) Before 1 month	8				7			
	(b) Before 3 month	9	6.06	9	16.92	12	0.84	9	16.92
	(c) before 6 month	8			NS	10			NS
	(d) Nil	5				1			
6	Area of Living								
	(a) Rural	18	3.42	3	7.82	10	0.32	3	7.82
	(b) Urban	12			NS	20			NS
7	Birth Order								
	(a) First Baby	14				19			
	(b) Second Baby	13	2.39	6	12.59	9	2.82	6	12.59
	(c) Third Baby	3			NS	2			NS

Table 6 shows that in experimental group, on considering the age, chi-square value was 0.75 and the table value at degrees of freedom nine was 16.92. As per the gender, the chi-square was 2.61 and the table at degrees of freedom three was 7.82. On seeing the educational status of mother chi-square value was 1.16, at degrees of freedom six, the table value was 12.59. children's education shows that chi-square value was 1.41 and the table value was 16.92 at degree of freedom nine. In previous hospitalization, chi-square value was 6.06 at the table value of 16.92 with degrees of freedom nine. Area of living shows chi-square value of 3.42 and table value of 7.82 at degrees of freedom three. Birth order shows chi-square value of 2.39 and table value of 12.59 at degrees of freedom six.

Table 6 shows that in control group, on considering the age, chi-square value was 1.1 and the table value at degrees of freedom nine was 16.92. As per the gender, the chi-square was 8.31 and the table at degrees of freedom three was 7.82. On seeing the educational status of mother's chi-square value was 0.19, at degrees of freedom six, the table value was 12.59. child education shows that chi-square value was 1.6 and the table value was 16.92 at degree of freedom nine. In previous hospitalization, chi-square value was 0.84 at the table value of 16.92 with degrees of freedom nine, Area of living shows chi-square value of 0.32 and table value of 7.82 at degrees of freedom three. Birth order shows chi-square value of 2.82 and table value of 12.59 at degrees of freedom six.

Table 6 shows that there is no significant association between the pretest level of anxiety among selected children in experimental group with their demographic variable such as age, gender, mother education, education of the child, previous hospitalization, area of living, and birth order. In control group significant variables like gender and no significant like age, mother's education, education of child, previous hospitalization, area of living, and birth order.

## CHAPTER - V

### DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objective and hypothesis of the study. The problem stated was an experimental group a study to assess the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospitals at Kanyakumari District. The discussion was based on the objectives of the study and the hypothesis mentioned in the study.

#### Objectives

- ❖ To assess the pre test and post test level of anxiety among hospitalized children in experimental group and control group.
- ❖ To determine the effectiveness of bibliotherapy by comparing post test level of anxiety among hospitalized children in experimental group and control group.
- ❖ To find out the association between the pre test level anxiety with selected demographic variables such as age, gender, mother's education, education of child, previous hospitalization, area of living and birth order

**The first objective was to assess the pre and post-test level of anxiety among hospitalized children in experimental group and Control group.**

In experimental group level of anxiety in pretest out of 30 sample 0 (0%) normal, 19 (63.34%) mild anxiety, 11(36.67%) moderate anxiety. In control group normal is 0 (0%), mild anxiety 22 (73.34%), moderate anxiety 8 (26.67%). In post test level of anxiety in experimental group 17 (56.67) Normal, 11(36.67%) belongs to mild anxiety, 2 (6.67%) moderate anxiety. In control group 0 (0%) normal, 12 (40%) mild anxiety, 18 (60%) moderate anxiety.

**Cuijpers P, Beekman AJ. (2000)** conducted a study on creative bibliotherapy is the guided reading of fiction and poetry relevant to therapeutic needs. This systematic review assesses the efficacy and effectiveness of creative bibliotherapy for the prevention and treatment of internalizing and externalizing behaviours, and the strengthening of prosocial behaviours in children (aged 5–16). An electronic search in

seven major databases was conducted along with hand searches of key journals and bibliographies. Only randomized or cluster-randomized trials were included. Primary outcomes: internalizing behaviour (e.g., anxiety and depression), externalizing behaviour (e.g., aggression), and prosocial behaviour (e.g., behavioral intentions and attitudes towards others). Secondary outcomes: parent–child relationship, peer relationship, educational attainment and reading ability. 9180 records were 9134 were excluded prior to screening. Of the 46 full-text articles assessed for eligibility, eight met the inclusion criteria and 38 were excluded. Overall results suggest that creative bibliotherapy has small to moderate effect for internalizing behaviour ( $\delta$  range: 0.48–1.28), externalizing behaviour ( $\delta$  range: 0.53–1.09), and prosocial behaviour ( $\delta$  range: 0–1.2). The above study supports the investigator’s first objectives.

**The second objective was to determine the effectiveness of bibliotherapy by comparing post test level of anxiety among hospitalized children in experimental group and control group.**

The mean score on level of anxiety among hospitalized children in experimental group was 0.5 in post test. In Control group 1.6 in post test. The estimated value was 8.46\* which is significant as ‘t’  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety. Hence the research hypothesis ( $H_1$ ) is accepted.

**Ruth Parslow, Amy J Morgan, et al. (2008)** conducted a study with 100 anxiety disordered children, ages 6-12, and their parents from rural and remote communities. Families were randomized into one of four conditions: telephone contact, email contact, client-initiated contact, and waitlist control. Treatment conditions and waitlist lasted for a 12-week period. Assessments were conducted at baseline, post-treatment, and 12 months after the post-treatment assessment. At post-treatment, compared to waitlist children, a significant reduction in symptoms was shown for children in all three of the study conditions, with the telephone sessions resulting in a greater reduction in symptom severity rating. Post-treatment comparisons also found that 79% of children in the telephone condition were free of an anxiety disorder compared with children in the email (33%) and client initiated (31%) conditions; and the percentage of children who returned to normal range of scores was greater for treatment groups compared to waitlist groups. The study authors concluded that

bibliotherapy with therapist contact is effective in the treatment of anxiety disorders in primary school children. The above study supports the investigator's second objectives.

**The third objective was to find out association between pre test levels of anxiety among hospitalized children with selected demographic variable in experimental group and control group.**

In Experimental group, on considering the age, chi-square value was 0.75 and the table value was 16.92, at degrees of freedom nine. As per the gender, the chi-square was 2.61 and the table value was 7.82 at degrees of freedom three. On seeing the mother education, chi-square value was 1.16, the table value was 12.59, at degrees of freedom six. children's education shows that chi-square value was 1.41 and the table value was 16.92, at the degree of freedom nine. Considering the previous hospitalization, chi-square value was 6.06, at the table value of 16.92 with degrees of freedom nine. Area of living shows chi-square value of 3.42 with table value of 7.82 at degrees of freedom three. Considering birth order chi-square value was 2.39 at the table value of 12.59 with degrees of freedom six.

In control group, on considering the age, chi-square value was 1.1 and the table value 16.92, at degrees of freedom nine. As per the gender, the chi-square was 8.31 and the table value 7.82 at degrees of freedom three. On seeing the educational status of mother, chi-square value was 0.19, the table value was 12.59, at degrees of freedom six. Children's education shows that chi-square value was 1.6 and the table value was 16.92, at the degree of freedom nine. Considering the previous hospitalization, chi-square value was 0.84 at the table value of 16.92 with degrees of freedom nine. Area of living shows chi-square value of 0.32 with table value of 7.82 at degrees of freedom three. Considering birth order, chi-square value was 2.82 at the table value of 12.59 with degrees of freedom six.

There is a significant association between the pretest level of anxiety among hospitalized children in experimental group and control group with their demographic variables such as age, gender, mother's education, education of child, previous hospitalization, area of living and birth order.

## **CHAPTER - VI**

### **SUMMARY, CONCLUSION, NURSING IMPLICATION AND RECOMMENDATIONS**

This chapter deals with the summary of the study, conclusion drawn, nursing implications and recommendations of the study.

#### **Summary**

Quantitative evaluative approach with Quasi experimental design was used to determine the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital. The conceptual framework was based on General System Theory of Ludwig Von Bertalanffy (1968) Model. The tool used in the study consisted of two parts. Part one was demographic variables and the part two Modified Spence Children Anxiety Scale. Purposive sampling technique was used to collect the sample and the data was collected from the study participant in experimental group and control group. The data were collected and analyzed using descriptive and inferential statistics. The level of significance was assessed by  $p > 0.05$  to test the hypotheses.

#### **Findings**

In Experimental group the mean score on level of anxiety of hospitalized children in Experimental group was 1.37 in pre test and 0.5 in post test. The paired 't' value was 13.71\* which is significant at  $p > 0.05$ . In Control group the mean score on level of anxiety of hospitalized children was 1.27 in pre test and 1.6 in post test. The paired 't' value was 3.87\* which is significant at  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety. Hence the research hypothesis ( $H_1$ ) is accepted. The mean score on level of anxiety among in Experimental group was 0.5 in post test and 1.6 in Control group post test. The estimated 't' value was 8.46\* which is significant at  $p > 0.05$ . It shows that bibliotherapy was effective in improving the level of anxiety. Hence the research hypothesis ( $H_1$ ) is accepted. In the association there will be a significant difference between the level of anxiety in experimental group and control group. Hence the research hypothesis ( $H_2$ ) accepted.

## **Conclusion**

From the result of the study it was concluded that bibliotherapy was effective in reducing the level of anxiety among hospitalized children. The bibliotherapy was cost effective it can be done at anytime. The hospitalized children also feel comfort while providing bibliotherapy.

## **Implications**

The researcher has derived the following implications from the study results which are of vital concern to the field of nursing service, nursing administration, nursing education and nursing research.

### **Implications for Nursing Practice**

- ❖ Nursing person should develop in depth knowledge about the level of anxiety in hospitalized children.
- ❖ Nurses should be knowledgeable regarding the benefits of bibliotherapy.
- ❖ Nurses should promote and encourage the bibliotherapy during hospitalization of children.

### **Implications for Nursing Education**

- ❖ Nursing students should receive adequate knowledge regarding the benefits of bibliotherapy.
- ❖ Conduct workshops or conferences for students regarding the use of bibliotherapy in reducing hospitalized anxiety in day today nursing practice.
- ❖ Strengthen the curriculum for nurses to extend their knowledge and skills.

### **Implications for Nursing Administration**

- ❖ Nurse administrator should be take initiate to conduct the periodical in service education program in order to minimize the hospitalized anxiety.
- ❖ Nurse administrator should emphasize and encourage the staff.
- ❖ Nursing administrator can organize conferences, seminars, and workshops for nurses working in the hospital to encourage a positive attitude on reducing hospitalized anxiety.

**Implications for nursing research**

- ❖ Nurses should conduct research to further clarify the benefits and optimal association of bibliotherapy on hospitalized anxiety.
- ❖ Encourage further research to be conducted on hospitalized anxiety.
- ❖ Disseminate the findings of research through conferences, seminars, and publishing in nursing journals.

**Recommendations**

The following studies can be undertaken to strengthen bibliotherapy on hospitalized anxiety as a good remedy for hospitalized children.

- ❖ A similar study can be conducted with increase in the sample size.
- ❖ A similar study can be conducted among hospitalized children with major procedure.
- ❖ A similar study can be conducted among critically ill hospitalized children.



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## APPENDICES : A



Tel. (O) : 273297  
270753

## GLOBAL COLLEGE OF NURSING

Recognised by the TNC & INC  
Affiliated to Tamil Nadu Dr. M.G.R. Medical University  
Edavilagam, Nattalam, Kanyakumari District.

Off: S.G. Multi Speciality Hospital, Old Theatre Jn, Pammam, Marthandam - 629 165,  
K.K. Dist., Tamil Nadu. Mob : 9443606955, 9944910448.

Lr.No. GCN/70/01/2016 01/04/2016

To

Medical Superintendent,  
William Hospital,  
Main Road,  
Marthandam.

Sir,

Sub: Permission seeking letter for the conduct of research-Reg.

This is to request you to kindly permit Mrs. Manjusha.M.R, 2<sup>nd</sup> year M.Sc. (N),

Global College of Nursing to conduct her study.

### STATEMENT OF THE STUDY

**"A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHEROPHY IN  
REDUCING THE LEVEL OF ANXIETY AMONG HOSPITALIZED  
CHILDREN AT SELECTED HOSPITAL IN KANYAKUMARI DISTRICT"**

So kindly consider this letter and do the needful.

Thanking You,

*permitted j.s.m.*  
Dr. W. JEYASINGH DAVID, M.R.B.S., DCH  
WILLIAM CHILDREN HOSPITAL  
MARTHANDAM - 629 165  
Kanyakumari Dist., Tamil Nadu  
Reg. No: 20634



*[Signature]*  
Yours,

Principal  
GLOBAL COLLEGE OF NURSING  
Edavilagam, Nattalam,  
Kanyakumari District - 629 165

## APPENDICES : B

## ETHICAL CLEARANCE CERTIFICATE



Tel. (0) : 273297  
270753

## GLOBAL COLLEGE OF NURSING

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Affiliated to Tamil Nadu Dr. M.G.R. Medical University  
Edavilagam, Nattalam, Kanyakumari District.

Off: S.G. Multi Speciality Hospital, Old Theatre Jn, Pammam, Marthandam - 629 165,  
K.K. Dist., Tamil Nadu. Mob : 9443606955, 9944110448.

## ETHICAL CLEARANCE CERTIFICATE

Mrs. Manjusha. M.R.(Child Health Nursing)

Sub: Your letter dated 25/04/2015 for the approval of above reference study and its related documents.

Ref: "A study to assess the effectiveness of Bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Kanyakumari District" Ethics committee of Global College of Nursing, Edavilagam, Nattalam, Marthandam, Reviewed and discussed the study proposal the documents submitted by you related to the content of the above referenced study and its meeting held on 04/05/2015.

The following Ethical committee members were present at the meeting held on 04/05/2015.

S.No.	Name	Profession	Position in the committee
1.	Prof. Josephine Ginigo	Nursing	Chair Person
2.	Dr. Sam.G.Jeba Joselin	Medical	Basic Medical Scientist
3.	Mrs. Vijila Berlin	Nursing	Clinician
4.	Adv. Sreenivasan	Legal	Legal Experts
5.	Prof. A. J. Benzam	Social	Social Scientist
6.	Dr. Ahilan	Management	Philosopher
7.	Mr. Sujin	Lay person	Community Person

After due Ethical and scientific consideration, the ethics committee has approved the above presentation submitted by you.

Date :04/05/2015  
Place: Nattalam



With Regards  
.....  
**Prof. Josephine Ginigo**  
Ethics Committee Chair Person  
Global College of Nursing, Edavilagam, Nattalam  
*Principal*  
GLOBAL COLLEGE OF NURSING  
Edavilagam, Nattalam,  
Kanyakumari District - 629 165

**APPENDICES : C****LETTER SEEKING EXPERTS OPINION FOR  
VALIDITY OF TOOL**

From

M.R.Manjusha  
II year M.Sc.Nursing,  
Global college of nursing,  
Nattalam.

To

.

Respected Sir/Madam,

I am doing M.Sc. Nursing in Global College of Nursing, Nattalam. As a partial fulfillment of the course, I have chosen a topic of my interest “A STUDY TO ASSESS THE EFFECTIVENESS OF BIBLIOTHERAPY IN REDUCING THE LEVEL OF ANXIETY AMONG HOSPITALIZED CHILDREN IN SELECTED HOSPITAL AT KANYAKUMARI DISTRICT.” I have prepared demographic data and standardized tool. I here kindly request you to evaluate the tool based on the evaluation criteria. Your opinion and suggestions will help me to the successful completion of my study.

Thanking you,

Your's Faithfully,

M.R.Manjusha

## APPENDICES : D

### EVALUATION CRITERIA CHECK LIST FOR VALIDATION

#### Introduction

The expert is requested to go through the following criteria for evaluation. Three columns are given for responses and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

#### Interpretation of column

Column I : Meets the criteria

Column II : Partially meet the criteria

Column III : Does not meet the criteria

Serial No	Criteria	1	2	3	Remarks
1	Scoring - Adequacy - Clarity - Simplicity				
2	Content - Logical sequence - Adequacy - Relevance				
3	Language - Appropriate - Clarity - Simplicity				
4	Practicability - It is easy to score - Does it precisely - Utility				

Signature :

Any other Suggestion

Name :

Designation :

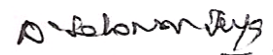
Address :



## APPENDICES : E

### LIST OF EXPERTS FOR TOOL VALIDATION

- 1 **Dr. Solomon Jeya. D, M.D., DCH., DNB. (Pediatric),**  
William Hospital,  
Marthandam.




- 2 **Mrs. Violin Sheeba. T, M.Sc.(N),**  
Principal,  
Thasaiah College of Nursing,  
Marthandam.



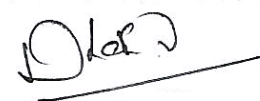
- 3 **Mrs. Kavitha. C.V, M.Sc.(N),**  
Principal,  
Saraswathy College of Nursing,  
Parassala.



- 4 **Mrs. Malchijah. F, M.Sc. (N),**  
Professor,  
Christian College of Nursing,  
Neyoor.



- 5 **Mrs. Premalatha. D, M.Sc. (N),**  
Asst. Professor,  
Christian College of Nursing  
Neyyoor.



- 6 **Mrs. Arul Sili Ninchal. A, M.Sc. (N)**  
Lecturer,  
CSI College of Nursing,  
Marthandam.



**APPENDICES : F****CERTIFICATE OF ENGLISH EDITING****TO WHOM SO EVER IT MAY CONCERN**

This to certify that Mrs.Manjusha, II year , M.Sc. Nursing of Global College of Nursing, Nattalam, has done a dissertation study **“A study to assess the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized children in selected hospital at Kanyakumari District.”**

This study was edited for English Language appropriateness by :

**Mr. Suhithar Baus .G,Ph.D.,**

  
Signature:

**APPENDICES: G****INFORMED CONSENT**

Dear Child,

I, Mrs. Manjusha.M.R, M.Sc. Nursing II year student of Global College of Nursing, conducting a study to” assess the effectiveness of bibliotherapy in reducing the level of anxiety among hospitalized Children” as a partial fulfillment of the requirement for the degree of M.Sc. Nursing under the Tamil Nadu Dr.M.G.R. Medical University. The bibliotherapy will be provided morning and afternoon for two days. I assure you that information obtained will be kept confidential. So, I request you to kindly co operate with me and participate in this study by giving your frank and voluntary consent.

Thank you,

Signature:

**APPENDICES: H****DATA COLLECTION TOOL****SECTION - A**

Instruction; The investigator place a tick [✓] mark in the corresponding space to the response of the subject.

1] Age in years

- a] 9 year ☐
- b] 10 year ☐
- c] 11 year ☐
- d] 12 year ☐

2] Gender

- a] Male ☐
- b] Female ☐

3] Mother's Education

- a] Primary education ☐
- b] Higher secondary ☐
- c] Degree ☐

4] Education of child

- a] 4th std ☐
- b] 5th std ☐
- c] 6<sup>th</sup>std ☐
- d] 7<sup>th</sup>std ☐

5] Previous Hospitalization

- a] Before 1 month ☐
- b] Before 3 months ☐
- c] Before 6 months ☐
- d] Nil ☐

## 6] Area of Living

- a] Rural ☐
- b] Urban ☐

## 7] Birth Order

- a] first baby ☐
- b] Second baby ☐
- c] Third baby ☐

## SECTION : B

### MODIFIED SPENCE CHILDREN'S ANXIETY SCALE

**Your Name:**

**Date:**

**Age :**

**Sex :**

		0	1	2	3
1	I am scared of going to the doctors or dentists	Never	Sometimes	Often	Always
2	I worry about hospital procedures.	Never	Sometimes	Often	Always
3	I am scared of the hospital equipments like Scissors, medicine trolley, nebulizer etc	Never	Sometimes	Often	Always
4	When I have a problem, I get a funny feeling in my stomach.	Never	Sometimes	Often	Always
5	I am scared of injection and tablet.	Never	Sometimes	Often	Always
6	I am scared, when I have to undergo a diagnostic procedure.	Never	Sometimes	Often	Always
7	I feel afraid, when I miss my friends and being on my own at hospital.	Never	Sometimes	Often	Always
8	I feel afraid if I have to use hospital toilets or bathrooms	Never	Sometimes	Often	Always
9	I worry about being away from my parents/sibling.	Never	Sometimes	Often	Always
10	I worry that something bad will happen to me.	Never	Sometimes	Often	Always
11	When I have a problem, my heart beats very fast.	Never	Sometimes	Often	Always
12	I am afraid, when I see crying children in the hospital	Never	Sometimes	Often	Always

13	I suddenly start to tremble or shake when I see syringe and needle	Never	Sometimes	Often	Always
14	I am afraid of being in treatment room and doctor rooms.	Never	Sometimes	Often	Always
15	I would feel scared if I had to stay away from home overnight.	Never	Sometimes	Often	Always
16	I feel afraid, if I have to talk in front of doctor and health professner	Never	Sometimes	Often	Always
17	When I become anxious, my hands are cold and clammy	Never	Sometimes	Often	Always
18	When I am in the hospital, I feel weak and get tired easily.	Never	Sometimes	Often	Always
19	I feel more nervous and anxious than usual.	Never	Sometimes	Often	Always
20	I feel that, I may not get cure from disease	Never	Sometimes	Often	Always

#### SCORING:

TOTAL SCORE : 60

0-15 = NORMAL

16-30 = MILD ANXIETY

31-45 = MODERATE ANXIETY

46-60 = SEVERE ANXIETY

## TOOL – 1

1. வயது .  
 அ) 9  
 ஆ) 10  
 இ) 11  
 ஈ) 12
2. இனம் .  
 அ) ஆண்  
 ஆ) பெண்
3. தாயின் படிப்பறிவு .  
 அ) இடைநிலை கல்வி  
 ஆ) முதுநிலை கல்வி  
 இ) பட்டப்படிப்பு
4. குழந்தையின் படிப்பறிவு .  
 அ) 4 - ஆம் வகுப்பு  
 ஆ) 5 - ஆம் வகுப்பு  
 இ) 6 -ஆம் வகுப்பு  
 ஈ) 7 -ஆம் வகுப்பு
5. இதற்கு முன் மருத்துவ மனை முன் அனுபவம் உண்டா?  
 அ) 1 மாதத்திற்கு முன்பாக  
 ஆ) 3 மாதத்திற்கு முன்பாக  
 இ) 6 மாதத்திற்கு முன்பாக  
 ஈ) இல்லை
6. வாழும் இடம் .  
 அ) கிராமம்  
 ஆ) நகரம்
7. பிறப்பு வரிசை .  
 அ) முதல் குழந்தை  
 ஆ) இரண்டாவது குழந்தை  
 இ) முன்றாவது குழந்தை



**புதுப்பிக்கப்பட்ட ஸ்பென்ஸ் குழந்தைகள் அச்சம் அளவுகோல்**

பெயர் .

தேதி.

வயது .

இனம்

வ. எண்		0	1	2	3
1.	நான் மருத்துவரிடம் செல்லும் போது மிகவும் அச்சமடைகிறேன்	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
2.	எனக்கு மருத்துவமனை செய்முறைகளை பார்க்கும் போது மிக பயமாக உள்ளது	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
3.	நான் மருத்துவமனை உபகரணங்களை பார்க்கும் போது அச்சமடைகிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
4.	எனக்கு ஏதாவது சோதனைகள் அல்லது பிரச்சனைகள் வரும்பொழுது என் வயிற்றில் பட்டாம் பூச்சி பறப்பது போல உணர்கிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
5.	எனக்கு ஊசி மற்றும் மாத்திரைகளை பார்க்கும் போது பயமாக உள்ளது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
6.	எனக்கு மருத்துவமனையில், நோய் கண்டறியும் முறைகளை செய்யும் போது மிகவும் பதட்டமாக உள்ளது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
7.	நான் எனது நண்பர்களை விட்டு தனியாக பிரிந்து மருத்துவமனையில் தங்கி இருப்பதை நினைத்தால் பயமாக இருக்கிறது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
8.	நான் மருத்துவமனை கழிவறையை பயன்படுத்தும் போது மிகவும் அச்சமடைகிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
9.	என் பெற்றோர்களை விட்டு தனியாக இருப்பது வருத்தமாக இருக்கிறது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
10.	எனக்கு ஏதாவது தவறாக நிகழ் போகிறது என்று பயமாக உள்ளது	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
11.	நான் ஏதாவது பிரச்சனையில் சிக்கும் போது என் இதயம் வேகமாக துடிக்கிறது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
12.	மருத்துவமனையில் அழுதுகொண்டிருக்கும் குழந்தையை பார்க்கும் போது அச்சமடைகிறேன்	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்

வ. எண்		0	1	2	3
13.	ஊசி மற்றும் ஊசி குழலை பார்க்குபோது , நான் பதற்றம் அடைகிறேன்	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
14.	நான் மருத்துவரின் அறை மற்றும் சிகிச்சை அறைக்கு செல்லும் போது மிகவும் அச்சமடைகிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
15.	நான் இரவுப் பொழுது வீட்டை விட்டு வெளியே தங்க நேரிட்டால் அச்சமடைகிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
16.	நான் மருத்துவரிடமோ அல்லது மருத்துவமனை ஊழியரிடமோ பேசுவதற்கு அச்சமடைகிறேன்	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
17.	நான் எப்போதெல்லாம் பயபடுகிறேனோ, அப்பொழுதெல்லாம் என் கைகள் குளிச்சியாக உள்ளது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
18.	நான் மருத்துவமனையில் தங்கும் போது சக்தி இல்லாதது போலவும் மற்றும் எளிதில் தளர்வடைவதாக உணர்கிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
19.	நான் இப்பொழுது முன்பு இல்லாததை விட மிக தளர்வாகவும், அச்சமாகவும் உணர்கிறேன்.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்
20.	நான் இந்த நோய்களிலிருந்து விடுபட முடியாதது போல் தோன்றுகிறது.	இல்லை	சிலநேரங்களில்	அடிக்கடி	எப்பொழுதும்

## APPENDICES:I

### INTERVENTION

#### PROCEDURE OF BIBLIOTHERAPY

##### **Intervention of Bibliotherapy**

The investigator developed interventional strategy on bibliotherapy by reviewing literature & obtaining expert opinion. Bibliotherapy is the comic story book for reading purpose. On the 1<sup>st</sup> day- Morning session, establish an interpersonal relationship with the child by explaining the process of bibliotherapy. Provide Comic story books to the child for reading and instruct the child to read for approximately 20 minutes and afternoon, again comic story books will be given to the child for reading for approximately 20 minutes and the procedure is repeated two times a day for two days.

##### **.Procedure of Bibliotherapy**

After obtaining the permission from concerned authorities and informed consent from parents of children (sample), the data will be collected in three phases;

**Phase 1:** Pre test anxiety level will be assessed in both experimental and control group among hospitalized children by using Modified Spence Children Anxiety Scale.

**Phase2:** For the first session comic story books will be given to children in the morning for duration of approximately 20 minutes and afternoon, again another comic story books will be given to the child for reading for approximately 20 minutes. Bibliotherapy will be given for two consecutive days.

**Phase3:** At the end of the second day, the post test will be assessed in both experimental and control group by using the Modified Spence Children Anxiety Scale for evaluating the effectiveness of bibliotherapy in reducing the level of anxiety.

**APPENDICES: J**

